

CITY OF



CARDIFF.

Education Committee.

ANNUAL REPORT

FOR 1913

OF THE

SCHOOL MEDICAL OFFICER.

EDWARD WALFORD, M.D., D.P.H.,

SCHOOL MEDICAL OFFICER, CARDIFF EDUCATION AUTHORITY

MEDICAL OFFICER OF HEALTH, CITY AND PORT OF CARDIFF.

CARDIFF :

S. GLOSSOP AND SONS, LTD., NEW STREET.

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CITY OF CARDIFF.

Education Committee.

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Medical Inspection Staff.

School Medical Officer :

EDWARD WALFORD, M.D., D.P.H.

Assistant School Medical Officers :

A. F. BERNARD SHAW, M.D., D.P.H.

EMILIE C. CREASER, M.B., Ch.B., D.P.H.

Specialists—School Clinic :

Ophthalmic Surgeon : D. LEIGHTON DAVIES, M.D., F.R.C.S.

Surgeon (Ear, Nose and Throat) : A. L. THORNLEY, M.B., Ch.B.

Dentist : C. J. HURRY RICHES, L.D.S. (Eng.)

Anaesthetist : ERIE EVANS, M.B.

School Nurses :

AGNES C. BRODIE.

ELLEN WHITING.

CHRISTINA WALSH.

MARGARET SNELL.

Clerks :

THOMAS CHANT.

WALTER GOMAN.

THOMAS MILLS.

CARDIFF EDUCATION COMMITTEE.

CITY HALL,
CARDIFF,

May, 1914.

TO THE CHAIRMAN AND MEMBERS OF THE CARDIFF EDUCATION COMMITTEE.

LADIES AND GENTLEMEN,

I beg to submit for your consideration my fifth Annual Report upon the Medical and Sanitary Supervision of the Schools under your control, including a detailed account of the medical inspection and treatment of children attending the Public Elementary Schools in the City of Cardiff during the year ended 31st December, 1913.

It is the statutory duty of the Local Education Authority to provide for the medical inspection of children as soon as possible after their admission to a Public Elementary School, and on such other occasions as the Board of Education direct, and they have the power, if they think fit, to make such arrangements as may be sanctioned by the Board for attending to the health and physical condition of the children educated in these schools.

The Code of Regulations relating to the medical inspection of children in public elementary schools require that in each such school provision must be made for the medical inspection of all children admitted to the school in the year, and of all children who are expected to leave school in the year, the year in each case being the twelve months ending on the 31st July. The Board of Education has, however, in a recent Circular, dated August, 1913, made some important administrative changes in the methods to be adopted in the future. In the first place, the school year for all purposes in connection with the School Medical Service will end on the 31st March, instead of on the 31st July, except that the Annual Report of the School Medical Officer will continue to relate to the calendar year; secondly, an age period has been fixed for the examination of children expected to leave school, and for the year beginning on the 1st April, 1914, the Board of Education will require the inspection of all children between 12 and 13 years of age, together with those over 13 years who have not already been examined after reaching the age of 12 years; thirdly, it is provided that children between 8 and 9 years of age shall, after the 1st April, 1915, be inspected in each school year, in addition to those entering and leaving school.

There are several obvious advantages in the new arrangement. In practice it has been found difficult to avoid missing a certain number of children when those only are presented for inspection who are expected to leave school during the year; they not infrequently leave before they are expected to do so, or are transferred to a secondary school, or they may be temporarily absent owing to illness, and so escape the final examination. It is believed that by fixing a definite age period for their inspection fewer children will be missed. Great importance is attached to the inspection of children in the intermediate age group, as a considerable period of school life is still before them, when they can, if necessary, be kept under the observation of the School Medical Officers, whereas, when the inspection is deferred until the child is about to leave school, it frequently happens that no efficient treatment is obtained at all.

On the 18th August, 1913, the Board of Education issued a circular, No. 823, calling the attention of Local Education Authorities to the new Regulations under which grants will be made by the Board during the financial year ending on the 31st March, 1914, in respect of work connected with the School Medical Service. These Regulations take the place of those issued in April, 1912, and provide for grants in aid of the expenditure of Local Education Authorities on medical inspection, medical treatment, and work ancillary to medical treatment in connection with public elementary schools. The Board state that they are glad to be placed, for the first time, in a position to make a grant in respect of the work of medical inspection, and they trust that the financial assistance thus rendered will encourage Local Education Authorities to improve their School Medical Service, in respect both of its scope and efficiency. In making the grant, the Board will take into consideration the completeness and efficiency of the Authority's provision for the medical inspection of the groups of children prescribed by the Code of Regulations, and they emphasise the need of an accurate and comprehensive examination of the individual children submitted for routine medical inspection, and of a careful and effective system of recording the results of the examination. The Board also direct attention to the necessity of furnishing the School Medical Officer with suitable office accommodation, and for making adequate provision for the clerical work involved in the proper fulfilment of his duties. The following are the Regulations referred to in the above Circular :—

GRANTS IN RESPECT OF THE MEDICAL INSPECTION AND MEDICAL TREATMENT OF CHILDREN
ATTENDING PUBLIC ELEMENTARY SCHOOLS AND THE MEDICAL TREATMENT AND CARE
OF CHILDREN ATTENDING CERTAIN SPECIAL SCHOOLS.

PART I.

CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

1. The Board of Education will make grants to Local Education Authorities during the financial year ending on the 31st March, 1914, in respect of the medical inspection and medical treatment of children attending Public Elementary Schools and work ancillary to medical treatment.

2. Grant will be assessed on the basis of the work done and the payments made by the Local Education Authority during the year ending on the 31st July, 1913.

3. Where, in the Board's opinion, the provision made for the School Medical Service is adequate and its working is efficient, grant will be paid at a rate of one-half of the expenditure : in other cases the Board may either pay at a lower rate or withhold the grant.

4. In fixing the rate of grant, the Board will take into consideration the scope, character and efficient working, as ascertained by the Board from reports made by their Medical Officers or otherwise, of the Authority's provision and arrangements—

- (a) for the medical inspection of the groups of children prescribed by Article 58 (b) of the Code of Regulations for Public Elementary Schools ;
- (b) for following up cases of defect found in the course of medical inspection ;
- (c) for securing the medical treatment of cases requiring it ;
- (d) for co-ordinating the work of the School Medical Service with the work of the Public Health Service in the area ;
- (e) for rendering the School Medical Service an integral part of the system of Elementary Education in the area.

5. As soon as possible after the 31st July, 1913, the Board will require to receive (a) a statement in an approved form of the payments actually made in respect of the Authority's School Medical Service during the year ending on that date, and (b) a statement in an approved form showing the provision made by the Authority for medical inspection, and their scheme of treatment and work ancillary to treatment for the year ending on the 31st March, 1914, together with a detailed estimate of the expenditure for that year.

PART II.

CHILDREN ATTENDING CERTAIN SPECIAL SCHOOLS.

6. The Board of Education will make grants to Local Education Authorities and to Managers of certain Special Schools during the financial year ending on the 31st March, 1914, in respect of the medical treatment and care of children suffering from tuberculosis or other ailments for which open-air treatment is specially suitable, in attendance at Day or Residential Open-air Schools certified by the Board of Education under the Elementary Education (Defective and Epileptic Children) Act, 1899, and conducted in accordance with the Board's Regulations applicable to Schools for Blind, Deaf, Defective, and Epileptic Children.

7. The grants made under these Regulations will be in addition to the grants payable under the Regulations applicable to Schools for Blind, Deaf, Defective, and Epileptic Children.

8. Grant will be assessed on the basis of the work done during the year ending on the 31st July, 1913.

9. The maximum grant payable will be at the rate of 3*l.* per unit of average attendance in the case of Day Schools, and at the rate of 8*l.* per unit of average attendance in the case of Residential Schools, the average attendance being calculated in each case for the year ending on the 31st July, 1913. Grant will only be paid at this rate where the Board consider that the arrangements for the medical treatment and care of the children are satisfactory. Where this is not the case, the Board may withhold the grant or, if they think fit, pay grant at a lower rate.

10. Local Education Authorities and Managers of Special Schools applying for grant under this Part of the Regulations in respect of children attending Special Schools provided by them, must furnish a detailed statement of the arrangements made for the medical treatment and care of the children and a statement of the payments actually made under these arrangements during the year ending on the 31st July, 1913. The statements should be furnished as soon as possible after that date.

GENERAL.

11. Payment of grant under these Regulations is subject to the fulfilment of the conditions laid down in the Regulations, but if any of these conditions have not been fulfilled, the Board may, nevertheless, when there are special circumstances which would justify it, pay such grant as they may think fit.

12. In assessing grant the Board may disregard any items of expenditure which, in their opinion, should not be taken into account for the purpose of the assessment.

13. If any question arises as to the interpretation of these Regulations, or as to the fulfilment of the conditions of grant, the decision of the Board shall be final.

Given under the Seal of the Board of Education the 18th day of August, 1913.

(L.S.)

L. A. SELBY-BIGGE.

The policy of the Board of Education in initiating and controlling the work of medical inspection and the issues raised by it is stated by the Board's Chief Medical Officer as follows :—

" From the outset the Board took the view, first, that the medical inspection of school children, though an essential and fundamental factor, was but one of a number of activities comprised in School Hygiene, and secondly, that the science and administration of School Hygiene itself could not be regarded as an independent science or branch of administration which could be pursued in detachment from wider public affairs, but was, in fact, an integral and vital part of that science, which, under the name of Public Health, deals with all questions affecting the health and physical condition of the nation. This was one of the principal reasons which lay at the base of the Board's principle that the statutory duty cast upon Local Education Authorities by the Education (Administrative Provisions) Act, 1907, Section 13, should be carried out and organised in intimate relation with the machinery, and in harmony with the purposes, of the Public Health Service already in being in this country, which itself is the fruit of a long period of experience, legislation, and administration. It seemed to the Board an obvious necessity, for the sake both of economy and efficiency, that the new School Medical Service should to the utmost extent work in co-operation with the existing machinery of medical and sanitary administration, developing and supplementing it as required, rather than that new agencies should be introduced, which might be redundant and therefore competing, and possibly a source of confusion, waste of effort, and even disorganisation. Thus not only would dual jurisdiction be avoided, but a further step would be taken in the direction of a simplified and unified state medical service as an appropriate medium for the solution of the problems of hygiene in relation to the education of the child not less than of the adult."

In accordance with Circular 596 of the Board of Education, relating to the Annual Reports of School Medical Officers, this report will cover, to some extent, the ground indicated under the following heads, and will relate to the calendar year, and not to the school year, in order to correspond with the period fixed for the closely related report of the Medical Officer of Health.

“(a) General review of the hygienic conditions prevalent in the Schools in the area of the Local Education Authority in respect of such matters as surroundings, ventilation, lighting, warming, equipment, and sanitation, including observations on the type and condition of sanitary conveniences and lavatories, water supply for washing and drinking purposes, the cleanliness of schoolrooms and cloakrooms, arrangements for drying children's cloaks and boots, and the relation of the general arrangements of the School to the health of the children.

(b) General description of the arrangements which have been made for the co-relation of the School Medical Service with the Public Health Service and for the organization and supervision of medical inspection, and an account of the methods of inspection adopted, including :—

- (i) A statement of the extent (if any) to which the Board's Schedule of Medical Inspection has not been followed and the reasons for such departure ;
- (ii) A statement showing the assistance given to the School Medical Officer and his assistants by nurses, managers of schools, teachers, attendance officers, or other persons ;
- (iii) A statement showing the methods adopted for securing the presence of parents at the inspection and their co-operation in the subsequent treatment of defects, together with a review of the effects of such methods ;
- (iv) The extent to which disturbance of school arrangements was involved by the inspection. (Art. 43 (b) and 44 (h) of Code of 1908).

(c) General statement of the extent and scope of the medical inspection carried out during the year, including :—

- (i) The number of visits paid to Schools and Departments ;
- (ii) The principle on which children have been selected for inspection (at entrance, before leaving, by selection according to ages or otherwise) ;
- (iii) The number of children inspected (classified for age at date of inspection and for sex) ;
- (iv) The number of children referred for subsequent or further examination ;
- (v) The number of children in respect of whom directions were given for treatment of defects, including a classified statement of such defects ;
- (vi) The average time per head occupied by inspection.

(d) General review of the facts disclosed by medical inspection, under the headings contained in the Schedule to Circular 582, including tables showing the height and weight of children inspected (according to age and date of inspection and sex).

(e) General review of the relation of home circumstances and social and industrial conditions to the health and physical condition of the children inspected, so far as facts bearing on this point have come under notice.

(f) Review of the methods employed or available for the treatment of defects, such as defective eyesight, carious teeth, nasal obstruction or adenoids, tonsillitis, discharging ears, pediculosis, ringworm, and other skin diseases, including an account of the action of school nurses in obtaining or assisting in the treatment of such defects.

(g) Review of action taken to detect and prevent the spread of infectious diseases, including reference to action taken under Articles 45 (b), 53 (b) and 57 of the Code of 1908.

(h) Review of the methods adopted and the adequacy of such methods for dealing with blind, deaf, mentally or physically defective and epileptic children under the Acts of 1893 and 1899.

(i) Review of—

- (i) The methods and results of instruction in personal hygiene and temperance in the Public Elementary Schools in the area ;
- (ii) The methods and results of physical or breathing exercises in the Schools ;
- (iii) Arrangements for open-air schools, school camps, etc., under Article 44 (g) of the Code of 1908.

(j) Account of miscellaneous work, such as the examination of scholarship candidates, pupil teachers, or teachers of any grade.”

In accordance with the view referred to in a preceding paragraph, that the School Medical Service should be carried out and organised in intimate relation with the Public Health Service, the following arrangements have been made. The Medical Officer of Health acts as School Medical Officer, and is directly responsible to the Education Committee, having two Assistant Medical Officers, who also act as Assistants to the Medical Officer of Health. The clerical work relating to medical inspection and treatment is carried out by clerks in the office of the Medical Officer of Health, and the Assistant Medical Officers and the School Nurses have office accommodation in the Public Health Department. The two services are therefore in close association, and form, in fact, one organisation.

The Education Committee have also concurred in the view that their medical staff should have "a reasonable variety of work and opportunities for special inquiries and research" in connection with public health and school medical work, and arrangements to that effect have been made with the Sanitary Authority.

Dr. A. F. Bernard Shaw, who was appointed in October, 1912, and Dr. Emilie C. Creaser, act as Assistant School Medical Officers, and also undertake certain duties in connection with the Public Health Department. Dr. Creaser has been appointed to take the place of Dr. Elizabeth F. Elder, who was unfortunately obliged to relinquish her duties in the autumn of this year, owing to continued illness. The Education Committee received with much regret the resignation of this efficient officer, and expressed by resolution their appreciation of her services.

Dr. Shaw has carried out his routine duties with great thoroughness and efficiency. He is undertaking a special inquiry into the incidence of Poliomyelitis amongst children, and has directly supervised the treatment of minor ailments (skin disorders, ringworm, &c.) in the School Clinic.

Nurses A. C. Brodie and C. Walsh assist in the routine and special inspection of children. Nurse E. Whiting devotes most of her time to following up cases requiring medical treatment. She is assisted in this work by the nurses on the staff of the Queen Victoria's Jubilee Nurses' Institute, an arrangement having been made by the Education Committee, by which the part time services of some of these nurses are utilized in following up cases, and in the treatment of minor ailments, under the supervision of the School Medical Officer. Nurse M. Snell was appointed in November, 1913, for duty in connection with the School Clinic.

There are thirty-seven Public Elementary Schools in the City, with accommodation for 33,302 scholars. The average attendance during the year 1913 was 28,803.

During the year the boys in all the schools were inspected by Dr. Shaw, and the girls by Dr. Elder, until the time of her resignation in September, when her place was taken by Dr. Creaser. The children of both sexes in the Infants' Departments were inspected as far as possible in equal proportions by the Assistant Medical Officers.

During the calendar year ended 31st December, 1913, 9,691 children were inspected upon school premises, including 5,718 entering, 2,449 leaving, and 1,524 in the intermediate group, between the ages of seven and nine years. To these must be added 1,615, who were referred by Teachers, School Attendance Officers and Assistant Medical Officers for special examination, 43 mentally defective children, and 47 attending other special schools. Altogether 11,396 scholars were medically inspected. There were also 1,804 re-examinations of children previously examined.

The following table gives a summary of the results of medical inspection of school children during the school year ended 31st July, 1913.

Children medically inspected upon school premises :—

Boys (Entrants)	...	...	...	2,585
Girls (Entrants)	...	...	...	2,518
Boys (7 to 9 years)	...	...	...	527
Girls (7 to 9 years)	...	...	...	997
Boys (Leavers)	...	...	...	1,219
Girls (Leavers)	...	...	...	1,157
				<hr/> 9,003

Children referred for special medical inspection :—

			Inspected at City Hall.	Inspected on School Premises.		TOTAL.
Boys	...	...	565	197	...	762
Girls	...	...	533	243	...	776
						<hr/> 1,538
						<hr/> 10,541

Re-examinations of children previously examined at the City Hall or upon school premises :—

Boys	...	...	...	...	803
Girls	...	...	...	...	719
					<hr/> 1,522

Children recommended for medical treatment (routine inspection) :—

				Number.		Per cent.
Infants (Entrants)	...	...	...	851	...	16.6
Boys and Girls (7 to 9 years)	...	...	...	423	...	27.7
Boys and Girls (Leavers)	...	...	...	620	...	26.1
				<hr/> 1,894	...	<hr/> 21.0

It has been the practice to invite parents or guardians to be present at the inspection of their children. In many cases valuable information relating to their health has been obtained in this way, although in this district the invitation has not been very readily responded to. The novelty of medical inspection having now somewhat worn off, very few objections to it are made by parents, who, when not entirely indifferent, seem generally to appreciate the value of the work of medical inspection, and to attend willingly to the advice given. Great assistance is rendered by the School Teachers, both at the time of the inspection and upon other occasions; their intimate knowledge of the conditions of life of the pupils, and their experience of the effects of physical deficiency upon school work specially qualify them for rendering assistance to the Medical Officers.

ARRANGEMENTS FOR ATTENDING TO THE HEALTH AND PHYSICAL CONDITION OF
SCHOOL CHILDREN.

Tables X-XIII. in this report indicate generally the extent to which it has been found possible to procure medical treatment for those children found upon medical inspection to require such treatment. From these tables it will be seen that a considerable number have obtained treatment in some form, either from the hospital, from medical practitioners, or in some other way, leaving, however, a large percentage untreated, especially children suffering from defective vision, defective teeth, disorders of the nose and throat, with a smaller proportion of cases of ring-worm and other skin diseases.

The methods adopted during the year, with a view of obtaining medical treatment for school children, have been as follows. At the time of the routine inspection, the defects found are noted on the inspection card, and when necessary a notice is sent to the parents, calling attention to the defect or disorder which requires medical treatment, and requesting them to obtain treatment for the child without delay. A School Nurse follows up the case to ascertain if the notice has been attended to ; if not, a second and if necessary a third and fourth visit is made. Parents are told that upon them rest the responsibility and duty of attending to the health of their children, and that it is their duty to provide the necessary medical treatment.

This year has been marked by the establishment of three new agencies for the improvement of the health and physical condition of school children, viz. : (a) A School Clinic ; (b) a Cleansing Station ; and (c) Treatment of minor ailments by Nurses of the Queen Victoria's Jubilee Nurses' Institute.

SCHOOL CLINIC.—The question of the medical treatment of children recommended for such treatment, but who are apparently unable to obtain it, has been under the consideration of the School Management Committee for some time. After careful inquiry, the Committee came to the conclusion that the existing voluntary agencies, viz. : hospitals, dispensaries, &c., were unable to cope efficiently with this school work, and that it would be necessary to supplement these agencies by the provision of a School Clinic. At the same time, it was felt that in a considerable number of cases the parents would be able to afford a small payment. It was decided, therefore, to establish a Clinic for the treatment of certain well-defined conditions in children, who would not otherwise obtain treatment, and to allow the most necessitous cases to be dealt with free of charge, recovering where possible a small fee from those who were considered to be in a position to pay, having due regard on the one hand to the legitimate work of the hospitals, and on the other hand to the ordinary work of private medical practitioners.

Representations were received from the Managers of the King Edward VII's Hospital, Cardiff, to the effect that their Out-patient Department was becoming overcrowded with school children, and although it did not appear that any children were sent directly to this institution by the Medical Officers, it was clear that large numbers found their way to the hospital by means of letters of recommendation.

After considering this and other evidence showing the necessity of making some provision for treatment, the Committee came to the conclusion that only those diseases should be treated which were not usually attended to by general medical practitioners. In this respect the policy advocated by the Board of Education (as set forth in Circular 792) was adopted. In this Circular the Board state that "it appears that the disorders and maladies which are most suitable for treatment directly provided by Local Education Authorities under Section 13 of the Education (Administrative Provisions) Act, 1907, are limited in practice to minor ailments, uncleanness, ringworm, and other common skin diseases of children, defective eyesight or hearing, some external affections of the eyes or ears, and various temporary conditions of the mouth (including teeth), nose and throat."

Application was made to the Board of Education, and their sanction was obtained to the establishment of a School Clinic on the following lines :—

- (1) Three rooms in the basement of the City Hall to be set apart and equipped for the purposes of the School Clinic (such rooms forming part of the office accommodation of the Medical Officer of Health and School Medical Officer).
- (2) The appointment of an Ophthalmic Surgeon to devote one half-day a week to the treatment of defects of vision.
- (3) The appointment of a Specialist to undertake the treatment of throat, ear, and nose defects upon one half-day a week.

- (4) The appointment of one or more Dentists to devote two half-days a week to the treatment of dental defects, including the inspection in the schools of children between the ages of 6 and 8 years.
- (5) The appointment of a Specialist to treat cases of ringworm by means of X-rays upon days to be arranged.
- (6) The appointment of an Anæsthetist to assist the Specialists at operations at the Clinic.
- (7) The appointment of an extra School Nurse for attendance at the School Clinic, and of an additional Clerk.
- (8) The continuance of the present arrangements for the treatment of minor ailments, including ringworm, scabies, and common skin diseases, by School Nurses under medical supervision at the Clinic and at the homes of the children.

In accordance with this scheme, the following appointments have been made :—

Dr. D. Leighton Davies for the treatment of defective vision.
 Dr. A. L. Thornley for the treatment of ear, nose and throat defects.
 Mr. C. J. Hurry Riches as School Dentist.
 Dr. Erie Evans as Anæsthetist.
 Nurse M. Snell as School Nurse for the Clinic.
 A Junior Clerk.

The question of the treatment of cases of ringworm by means of X-rays was deferred for the present, owing to the difficulty of making satisfactory arrangements with a Specialist.

With the exception of children with defective teeth, cases for treatment at the School Clinic are selected by the Assistant Medical Officers during the routine and special inspections. The Dentist inspects at the school and treats cases at the Clinic, and therefore selects his own cases. The parents of the selected children are requested to fill up a form of application for treatment, as follows :—

[FRONT].

CARDIFF EDUCATION COMMITTEE.

SCHOOL CLINIC.

Application for

- (a.) *Free Dental Treatment.*
- (b.) *Treatment (Ear, Nose or Throat Defects).*
- (c.) *Treatment (Defective Vision).*
- (d.) *Contribution towards cost of Spectacles.*

From the Parent or Guardian of.....

Address

School..... Department.....

To the SCHOOL MEDICAL OFFICER,
 CARDIFF.

I desire to apply for (*Here state form of treatment required*).....

for the above-mentioned child, and submit the following particulars for the consideration of the Education Committee :—

Parent's or Guardian's Occupation.....
 Where Employed.....
 Number in family residing at home (including parents).....
 Weekly earnings of Father.....
 Weekly earnings of Mother.....
 Weekly earnings of Children.....
 Rent of House

I hereby declare that the answers on this form are true and accurate in all respects, without any omission.

Date..... Signed.....

When filled in return this form to :—

THE SCHOOL MEDICAL OFFICER,
 CITY HALL, CARDIFF.

[BACK].

CARDIFF EDUCATION COMMITTEE.
 SCHOOL CLINIC.

According to the provisions of the Education Authorities (Medical Treatment) Act, 1909, parents will be called upon to pay for treatment at the School Clinic unless they show the Committee that they cannot afford to do so.

DENTAL TREATMENT.

When the total weekly earnings of family are 40/- and over, dental treatment is not given. When the total weekly earnings of family are less than 40/- dental treatment is given free of charge.

SPECTACLES.

Half the cost of spectacles will be borne by the Education Committee when the total weekly earnings of family are less than 25/-.

SCALE OF CHARGES FOR TREATMENT OF NOSE, THROAT AND EAR DISEASES,
 AND DEFECTIVE VISION.

- (a) When the total earnings of family are less than 25/- per week, no charge.
- (b) When the total earnings of family are 25/- and less than 40/- per week, one shilling.
- (c) When the total earnings of family are 40/- and over per week, treatment is not given, unless special sanction shall have been given by the Committee.

City Hall,
 Cardiff.

EDWARD WALFORD,
 School Medical Officer.

The whole of the above arrangements are subject to the supervision of the School Medical Officer, and it will be seen that they embrace all the conditions usually dealt with at a School Clinic, and that the Clinic is organised as part of the School Medical Service. As the treatment of defective teeth and vision only commenced in November of the year to which this report refers, and the various details were not completely arranged until January, 1914, the amount of work done was necessarily small. However, Tables XIV. to XVIII. in this report, give particulars of the treatment carried out. The nose, throat and ear department was not opened until January, 1914.

CLEANSING STATION.—The Cleansing of Persons Act, 1897, permits Sanitary Authorities to provide Cleansing Stations and apparatus for cleansing verminous persons, including their garments, free of charge, upon the application of such persons. The Children Act provides that where the Sanitary Authority has made this provision, the Education Authority may avail themselves of it for enforcing the requirements as to the compulsory cleansing of verminous school children. A very complete Cleansing Department has now been provided by the Cardiff Sanitary Authority in connection with their new Disinfecting Station, situated in a convenient and central part of the town (Crawshay Lane). The accommodation comprises separate baths and rooms for boys and girls. Each side contains a bath-room, waiting-room and dressing-room, with all the necessary appliances. The clothes of the children are passed through the Disinfecting Chamber (Washington Lyon's) and are returned to them before discharge. The cleansing is carried out by the School Nurses. The new Station was opened in October of last year, and was therefore only available during part of the school term ending 31st December. It has not been necessary to carry out the provisions of Section 122, relating to the compulsory cleansing of children, as those who have been dealt with were cleansed with the consent and approval of their parents. The children themselves thoroughly appreciated the process as an entirely novel experience. During November and December last the number of children cleansed at the Cleansing Station by the School Nurses amounted to 15; of these, 12 were in a verminous condition, and 3 suffered from scabies. In all cases the children's bedding and clothes were disinfected, and the rooms occupied by them were also cleansed and disinfected by the Officers of the Sanitary Authority.

TREATMENT OF MINOR AILMENTS BY QUEEN'S NURSES.—Arrangements have been made whereby the Queen's Nurses follow up and treat cases of minor ailments under the supervision of the School Medical Officer. The Cardiff Education Committee contribute £30 a year to the Nurses' Institute for services rendered in connection with this work. One of the Nurses attends the special inspections at the Clinic, and receives instructions from the Medical Officers as to the cases they are required to treat. The cases are then distributed amongst the various District Nurses of the Institute, and are visited and treated in the children's homes. Particulars of the visits and treatment are recorded by one of the Nurses, and the records are kept in the office of the School Medical Officer. The children under treatment are required to attend the Clinic periodically, in order that their progress may be seen by the Medical Officers. Table XIV. shows the work done under the above-mentioned arrangements.

SCHOOL CLOSURE AND EXCLUSION FROM SCHOOL.

It is seldom now that the closure of a school is resorted to with a view of preventing the spread of infectious disease. It has been found in practice that in large towns, in which there is a well organised Public Health Department, no advantage to the public health is to be derived from this extreme measure, and that the serious interruption to the education of the community caused by the closure of large elementary schools for a prolonged period cannot be justified in view of the small probability of checking the spread of an epidemic by this procedure. The organisation for discovering the nature of the illness causing absence from school of individual children has of late years been fairly complete, so that the exclusion from school, when necessary, of such children is usually sufficient for the purpose of preventing extensive outbreaks of infectious disease amongst scholars. The closure of elementary schools may be compelled by the Sanitary Authority under Article 57 of the Education Code, or may be voluntary on the part of the Local Education Authority.

In connection with the exclusion of children from school, the practice adopted in this district is for the School Medical Officer to endorse certificates of medical practitioners excluding children on account of illness, unless there is some obvious reason for not doing so, and in this case, in order to avoid misunderstandings or to clear up doubtful points, the School Medical Officer communicates with the practitioner. Most of the exclusion certificates are, however, based upon information supplied by the Education Authority's Medical Officers. The arrangements for excluding children on account of infectious disease are of course greatly simplified by the School Medical Officer being the Medical Officer of Health.

The following rules relate to the exclusion from school of individual children suffering from infectious disease, and to the exclusion of those who, although not themselves so suffering, reside in houses in which there is infectious illness. Copies of these rules have been given to the Head Teachers of all the elementary schools.

INSTRUCTIONS TO HEAD TEACHERS AND PARENTS FOR DEALING WITH INFECTIOUS DISEASES.

DISEASE.	Period of Exclusion from School of Children suffering from the Disease.	Period of Exclusion from School of Children who are not ill, but who reside in infected houses.	REMARKS.
SCARLET FEVER OR SCARLATINA	At least six weeks, and until there is no discharge from the throat, nose, or ears, and no peeling of the skin. Children who have recovered and are free from infection must be excluded from school until eight days after disinfection of premises, &c. Re-admission to school upon certificate of Medical Officer of Health.	Eight days from last exposure to infection when case is removed to Isolation Hospital. In other cases eight days after disinfection of premises, &c. Re-admission to school upon certificate of Medical Officer of Health.	These diseases are notified by Medical Practitioners to the Medical Officer of Health. All children from houses in which there is any such disease must be excluded from school.
DIPHTHERIA	Until throat is reported healthy. Children who have recovered and are free from infection must be excluded from school until eight days after disinfection of premises, &c. Re-admission to school upon certificate of Medical Officer of Health.	Eight days from last exposure to infection when case is removed to Isolation Hospital. In other cases eight days after disinfection of premises, &c. Re-admission to school upon certificate of Medical Officer of Health.	
SMALL POX	Until scabs have gone and skin is healthy. A certificate of disinfection will be given by the Medical Officer of Health.	Eighteen days from last exposure to infection, and until Medical Officer of Health gives certificate of disinfection.	
MEASLES OR GERMAN MEASLES	Three weeks from appearance of rash.	Sixteen days from last exposure to infection. (Infants' School only—see remarks).	These diseases are not notified by Medical Practitioners to the Medical Officer of Health, but should be notified by Head Teachers on forms supplied to them. Children must not attend an infants' school from a house where there is a case of any such disease, but children in departments for older scholars, who have previously suffered from the disease in question, need not be excluded under similar circumstances.
CHICKEN POX	Until scabs have gone and skin is healthy.	Eighteen days from last exposure to infection. (Infants' School only—see remarks).	
WHOOPIING COUGH	Until cough is completely gone—at least five weeks.	Twenty-one days from last exposure to infection. (Infants' School only—see remarks).	
MUMPS	At least three weeks.	Twenty-one days from last exposure to infection. (Infants' School only—see remarks).	This disease is notified by Medical Practitioners to the Medical Officer of Health.
ENTERIC OR TYPHOID FEVER	Until the child is well. A certificate of disinfection will be given by the Medical Officer of Health.	Need not be excluded.	
RINGWORM	Until no broken off or diseased hairs can be seen and until a microscopical examination reveals no evidence of the presence of ringworm fungus. Re-admission to school upon certificate of School Medical Officer.	Need not be excluded.	
ITCH (SCABIES)	Until all pimples and itching have disappeared. Re-admission to school upon certificate of School Medical Officer.	Need not be excluded.	These diseases are not notified by Medical Practitioners to the Medical Officer of Health, but should be notified by Head Teachers on forms supplied to them.
LICE IN HEAD (PEDICULOSIS CAPITIS)	Until all vermin have been removed. Re-admission to school upon certificate of School Medical Officer.	Need not be excluded.	
OPHTHALMIA	Until the eyes have been free from discharge for at least a month. Re-admission to school upon certificate of School Medical Officer.	Need not be excluded.	

Practically all children (patients and contacts) excluded from school owing to scarlet fever and diphtheria are medically examined by the Assistant Medical Officers before being allowed to return to school. Should a child, however, produce a medical certificate, stating that it is free from infection, such certificate is accepted as evidence that the child is fit for school, and a re-admission certificate is granted. In the case of convalescents from diphtheria, bacteriological examinations of the throat secretions are made when possible, and in such cases children are not allowed to return to school until negative results are obtained. As far as possible a bacteriological examination of the throats of contacts is also made.

In large towns epidemics of measles occur usually about every two or three years, and at these periods large numbers of scholars in elementary schools are simultaneously attacked, so that if all healthy children from infected households were excluded from school during these epidemics, school attendance would be reduced to a very serious extent. It has been found in practice that this is entirely unnecessary, as the very great majority of children attending departments other than the Infants' Department are protected by an attack of this disease during infancy or early childhood. Consequently, however prevalent measles may be in the Infants' Department, it rarely spreads to the other standards. The procedure therefore which is adopted in this district is that which is followed in most large towns, and which is favourably commented upon by the Medical Officers of the Local Government Board and Board of Education in their Joint Memorandum on "Closure of and Exclusion from School," to the effect that when measles breaks out in a household, only those children are excluded who attend the infant school, together with those older children of the same household who have not had measles. Those who have had measles are allowed to attend as usual. This plan wherever adopted has been found quite satisfactory from a preventive standpoint, and has the considerable advantage of interfering as little as possible with school attendance.

TABLE I.

Children excluded from school by the School Medical Officer after medical inspection :—

Causes of Exclusion.					Boys.	Girls.	Totals.
Vermineous Conditions	...	...	...	...	4	18	22
Diseases of Nose and Throat	...	...	...	...	7	8	15
External Eye Diseases	...	...	...	...	21	19	40
Defective Vision	...	...	...	...	7	12	19
Ear Diseases	...	...	...	...	10	6	16
Heart Disorders	...	...	...	...	3	13	16
Anæmia	...	...	...	...	9	22	31
Respiratory Diseases	...	...	...	...	12	12	24
Tuberculosis	{	Glands	...	...	...	15	15
		Phthisis	...	...	22	20	42
		Other Forms	...	...	8	6	14
Diseases of Nervous System	...	...	...	...	14	18	32
Ringworm	...	...	...	...	152	115	267
Scabies	...	...	...	...	24	34	58
Other Skin Disorders	...	...	...	...	89	87	176
Other Diseases or Defects	...	...	...	...	21	24	45
Totals					403	429	832

ACTION TAKEN WITH A VIEW TO DETECTING AND PREVENTING THE SPREAD OF INFECTIOUS DISEASES.

This work is closely associated with the ordinary administration in the Department of the Medical Officer of Health. Notices are sent to the Teachers immediately after the receipt of a notification from a medical practitioner that a child is suffering from an infectious disease, and printed instructions are given to the parent concerned.

Information received by the School Medical Officer relating to non-notifiable diseases, viz.:—measles, whooping cough, chicken-pox, &c., is, of course, incomplete, although, so far as measles is concerned, the majority of cases amongst school children are notified to the Medical Officer by Head Teachers, upon forms supplied to them. The Assistant Medical Officers, School Nurses, Health Visitors, and School Attendance Officers, also at times give information of such cases. Children found to be actually suffering from infectious disease are, of course, excluded from school until they are considered to be free from infection.

Children residing in houses in which there is infectious disease, but who are not themselves suffering from such illness, are dealt with in accordance with the instructions referred to. As far as possible, certificates of re-admission are given by the School Medical Officer, but in certain cases certificates of medical practitioners are endorsed by him. Convalescents from scarlet fever and diphtheria are sent for to be examined at the Inspection Clinic by the Medical Officers, before re-admission certificates are granted, unless there is good evidence that they have been examined by the medical practitioner in attendance. Bacteriological examinations of the throat secretions in cases of diphtheria are made when possible, and in such cases children are not allowed to return to school until negative results are obtained.

It has been found necessary to examine cases of ringworm very carefully before re-admission. Microscopical examinations of the hair are made in each case attending the School Clinic, and also in many others at the request or with the consent of the medical practitioner in attendance.

DIAGRAM SHOWING THE NUMBER OF CASES OF DIPHTHERIA AND SCARLET FEVER AMONGST SCHOOL CHILDREN

IN CARDIFF IN EACH WEEK OF THE YEAR 1913.

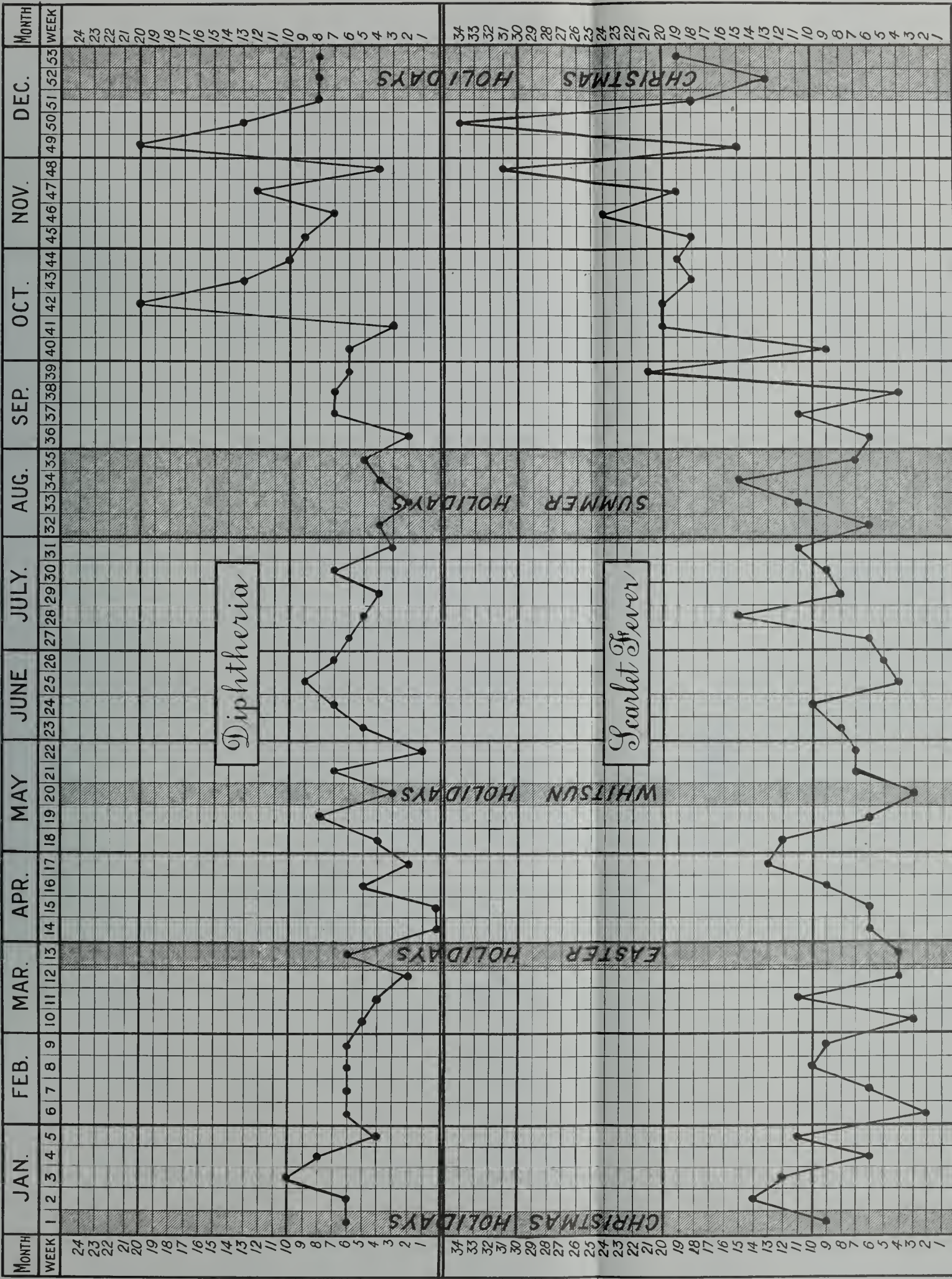


TABLE II.

Children excluded from School by the School Medical Officer, owing to the existence of Notifiable Infectious Diseases :—

Schools.	Scarlet Fever.		Diphtheria.		Totals.
	Patients.	Contacts.	Patients.	Contacts.	
Adamsdown C.	10	20	10	29	69
Albany Road C.	19	53	10	27	109
Allensbank C.	9	12	6	9	36
Court Road C.	17	51	11	42	121
Crwys Road C.	22	45	7	22	96
Eleanor Street C.	7	10	1	4	22
Gladstone C.	25	33	10	19	87
Grangetown C.	38	98	12	59	207
Kitchener Road C.	19	40	14	28	101
Lansdowne Road C.	19	49	18	58	144
Marlborough Road C.	21	32	8	22	83
Moorland Road C.	6	21	14	45	86
Ninian Park C.	10	34	12	35	91
Radnor Road C.	24	31	15	34	104
Roath Park C.	11	15	19	29	74
Severn Road C.	34	56	8	33	131
South Church Street C.	3	12	...	1	16
Splotlands C.	23	52	19	31	125
Stacey Road C.	9	17	11	37	74
Wood Street C.	12	17	2	16	47
Canton N.P.	17	23	5	8	53
Cathays N.P.	14	21	3	7	45
Crofts Street N.P.	2	2	5	4	13
Grangetown N.P.	5	17	...	...	22
Metal Street N.P.	12	9	3	8	32
St. John's N.P.	8	26	...	4	38
St. Mary's N.P. (Bute Terrace)	6	16	...	3	25
St. Mary's N.P. (Clarence Road)	5	7	3	2	17
St. Mary's Mission N.P.	3	9	...	2	14
St. Monica's N.P.	5	8	1	5	19
Tredegaville N.P.	9	17	1	11	38
St. Alban's N.P.	5	19	1	13	38
St. Cuthbert's N.P.	1	1	...	...	2
St. David's N.P.	10	42	1	2	55
St. Mary's N.P. (Wyndham Crescent)	8	10	1	6	25
St. Patrick's N.P.	18	30	9	19	76
St. Peter's N.P.	6	8	2	20	36
Totals	472	963	242	694	2,371

C.—Council Schools.

N.P.—Non-Provided Schools.

Number and Age Periods of Children

SCHOOL.	Infants—Boys.						Infants—Girls.					
	Ages—Years.					Totals	Ages—Years.					Totals
	3	4	5	6	7		3	4	5	6	7	
Adamstown C. ...	...	39	12	8	2	61	...	37	19	6	3	65
Albany Road C. ...	...	42	24	...	1	67	...	27	21	4	9	61
Allensbank C. ...	...	30	30	9	11	80	...	25	30	17	3	75
Court Road C. ...	...	68	44	20	10	142	...	65	56	18	10	149
Crwys Road C. ...	...	32	29	7	1	69	1	28	22	8	2	61
Eleanor Street C. ...	...	11	18	4	3	36	...	16	17	8	...	41
Gladstone C. ...	...	24	38	24	10	96	1	30	37	24	12	104
Grangetown C. ...	...	81	77	33	16	207	...	68	76	23	10	177
Kitchener Road C. ...	...	55	34	7	1	97	...	65	27	4	...	96
Lansdowne Road C. ...	13	52	48	34	14	161	12	56	63	37	13	181
Marlborough Road C. ...	...	30	43	18	8	99	...	29	35	12	4	80
Moorland Road C. ...	...	68	48	10	5	131	...	60	58	15	5	138
Ninian Park C. ...	1	57	34	26	9	127	...	35	34	14	13	96
Radnor Road C. ...	1	65	76	30	13	185	...	55	80	22	6	163
Roath Park C. ...	...	40	32	9	8	89	...	24	19	13	6	62
Severn Road C. ...	1	55	33	11	7	107	2	34	34	17	4	91
South Church Street C. ...	...	23	13	8	2	46	...	27	20	13	5	65
Splotlands C. ...	...	119	101	40	5	265	1	88	120	41	17	267
Stacey Road C. ...	...	48	21	4	2	75	...	33	26	7	2	68
Wood Street C. ...	2	30	14	6	7	59	...	30	14	10	...	54
Canton N.P. ...	...	13	9	5	3	30	...	19	14	7	2	42
Cathays N.P. ...	...	25	25	6	2	58	...	17	21	11	4	53
Crofts Street N.P. ...	...	14	13	4	3	34	...	28	10	6	4	48
Grangetown N.P. ...	...	20	11	6	1	38	...	7	6	5	3	21
Metal Street N.P. ...	...	27	20	5	1	53	...	19	18	3	1	41
St. John's N.P. ...	...	18	15	15	2	50	...	13	15	10	2	40
St. Mary's N.P. ...	...	...	...	...	...	...	...	...	...	...	...	...
(Bute Terrace) ...	...	24	22	13	4	63	...	23	20	11	4	58
St. Mary's N.P. ...	...	...	...	...	...	...	...	...	...	...	...	...
(Clarence Road) ...	8	27	12	3	4	54	2	12	13	4	2	33
St. Mary's Mission N.P. ...	...	14	6	1	2	23	...	21	6	3	2	32
St. Monica's N.P. ...	4	13	5	1	...	23	...	11	4	2	2	19
Tredegarville N.P. ...	3	13	11	3	2	32	3	19	14	7	8	51
St. Alban's N.P. ...	...	24	21	3	5	53	...	9	14	9	4	36
St. Cuthbert's N.P. ...	...	5	5	3	...	13	...	5	6	1	...	12
St. David's N.P. ...	...	17	17	8	1	43	...	27	36	2	1	66
St. Mary's N.P. ...	...	...	...	...	...	...	...	...	...	...	...	...
(Wyndham Crescent) ...	...	17	6	10	6	39	...	13	9	8	3	33
St. Patrick's N.P. ...	...	33	24	15	2	74	...	44	26	11	4	85
St. Peter's N.P. ...	...	13	15	8	1	37	...	12	21	4	1	38
TOTALS ...	33	1,286	1,006	417	174	2,916	22	1,131	1,061	417	171	2,802

C.—Council Schools.

III.

Inspected at Routine Inspection.

Boys.					Girls.						
Ages—Years.				Totals	Ages—Years.				Totals	Totals (All Ages)	SCHOOL.
7	8	13	14		7	8	13	14			
...	...	41	1	42	30	12	48	...	90	258	Adamsdown C.
56	28	75	...	159	...	...	50	...	50	337	Albany Road C.
40	23	44	1	108	41	13	39	...	93	356	Allensbank C.
6	29	42	...	77	...	...	37	...	37	405	Court Road C.
...	...	51	...	51	...	...	70	...	70	251	Crwys Road C.
...	...	11	...	11	13	6	10	...	29	117	Eleanor Street C.
44	44	53	...	141	62	12	39	...	113	454	Gladstone C.
38	66	54	...	158	...	...	51	...	51	593	Grangetown C.
31	14	61	...	106	24	21	41	...	86	385	Kitchener Road C.
53	19	55	...	127	59	19	49	...	127	596	Lansdowne Road C.
...	...	29	...	29	48	14	42	...	104	312	Marlborough Road C.
...	...	76	...	76	69	24	66	...	159	504	Moorland Road C.
...	...	45	...	45	...	...	51	...	51	319	Ninian Park C.
...	...	38	...	38	47	20	47	...	114	500	Radnor Road C.
...	...	40	2	42	...	...	29	...	29	222	Roath Park C.
...	...	69	...	69	69	42	60	...	171	438	Severn Road C.
...	...	10	...	10	13	1	14	...	28	149	South Church Street C.
...	...	63	1	64	64	18	52	...	134	730	Splotlands C.
...	...	55	...	55	44	21	31	...	96	294	Stacey Road C.
...	...	53	1	54	...	...	31	...	31	198	Wood Street C.
...	...	...	...	...	15	14	29	...	58	130	Canton N.P.
...	...	12	...	12	7	6	10	...	23	146	Cathays N.P.
12	6	...	...	18	...	...	...	...	...	100	Crofts Street N.P.
...	...	12	...	12	...	...	9	...	9	80	Grangetown N.P.
...	...	25	...	25	...	...	26	...	26	145	Metal Street N.P.
12	6	23	...	41	11	6	22	...	39	170	St. John's N.P.
...	...	25	...	25	12	5	24	...	41	187	St. Mary's N.P. (Bute Terrace)
...	...	20	...	20	...	...	22	...	22	129	St. Mary's N.P. (Clarence Road)
...	...	...	...	...	7	12	13	...	32	87	St. Mary's Mission N.P.
...	...	16	...	16	11	3	12	...	26	84	St. Monica's N.P.
...	...	28	...	28	...	...	34	...	34	145	Tredegaville N.P.
...	...	24	...	24	...	...	17	...	17	130	St. Alban's N.P.
...	...	6	...	6	...	...	9	...	9	40	St. Cuthbert's N.P.
...	...	34	...	34	49	15	40	...	104	247	St. David's N.P. St. Mary's N.P.
...	...	6	...	6	14	4	10	...	28	106	(Wyndham Crescent)
...	...	21	...	21	...	...	19	...	19	199	St. Patrick's N.P.
...	...	39	...	39	...	...	34	...	34	148	St. Peter's N.P.
292	235	1,256	6	1,789	709	288	1,187	...	2,184	9,691	TOTALS

N.P.—Non-Provided Schools.

TABLE.

Table showing the Number, Age and Sex of Children Medically Inspected at Routine

	Infants—Boys. (Entrants).		Infants—Girls. (Entrants).		Boys. (7 to 9 years).	
	Number	Per cent.	Number	Per cent.	Number	Per cent.
Number Inspected ...	2,916	...	2,802	...	527	...
Clothing :—						
Satisfactory ...	2,840	97·4	2,729	97·4	514	97·5
Unsatisfactory ...	76	2·6	73	2·6	13	2·5
Footgear :—						
Satisfactory ...	2,875	98·6	2,787	99·5	526	99·8
Unsatisfactory ...	41	1·4	15	0·5	1	0·2
Cleanliness of Head :—						
Clean (i.e. no nits or pediculi)	2,745	94·1	1,904	67·9	488	92·6
Nits only ...	130	4·4	749	26·7	30	5·7
Pediculi ...	41	1·4	149	5·3	9	1·7
Cleanliness of Body :—						
Clean ...	2,769	94·9	2,666	95·1	507	96·2
Dirty ...	118	4·0	92	3·3	18	3·4
Pediculi present ...	29	1·0	44	1·5	2	0·4
Nutrition :—						
Excellent ...	293	10·0	277	9·9	6	1·1
Normal ...	2,539	87·1	2,465	88·0	495	93·9
Below Normal ...	84	2·9	60	2·1	26	4·9
Teeth :—						
Sound ...	649	22·2	602	21·5	31	5·8
Less than four decayed ...	987	33·8	987	35·2	168	31·9
Four or more decayed ...	1,280	43·9	1,213	43·3	328	62·2
Diseases of Nose and Throat	169	5·8	152	5·4	66	12·5
External Eye Diseases ...	41	1·4	53	1·9	2	0·3
Defective Vision* ...	49	1·7	46	1·7	59	11·2
Ear Diseases ...	55	1·9	41	1·4	13	2·4
Deafness ...	2	0·07	5	0·18	33	6·2
Heart Disorders ...	45	1·5	28	1·0	9	1·7
Anæmia ...	31	1·0	21	0·7	2	0·3
Respiratory Diseases ...	82	2·8	79	2·8	7	1·3
Tuberculosis :—						
Glands... ...	4	0·1	3	0·1	...	...
Phthisis ...	8	0·2	3	0·1	1	0·2
Other Forms ...	...	...	2	0·07	1	0·2
Nervous Diseases ...	3	0·1	8	0·2	2	0·3
Ringworm ...	30	1·0	21	0·7	10	1·9
Scabies ...	5	0·2	3	0·1	1	0·2
Other Skin Disorders ...	81	2·8	68	2·4	6	1·1
Rickets ...	54	1·8	27	0·9	28	5·3
Deformities ...	25	0·8	30	1·0	4	0·7
Mentally Defective ...	2	0·07	1	0·03	...	...
Other Diseases or Defects ...	71	2·4	54	1·9	14	2·6

* The vision of "entrants" is not tested at

Inspection, and the Results of such Inspection, during the Year 1913.

Girls. (7 to 9 years).		Boys. (Leavers).		Girls. (Leavers).		Totals.	
Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.
997	...	1,262	...	1,187	...	9,691	...
984	98.7	1,232	97.6	1,183	99.6	9,482	97.8
13	1.3	30	2.4	4	0.3	209	2.1
966	96.9	1,260	99.8	1,181	99.5	9,595	99.0
31	3.1	2	0.1	6	0.5	96	1.0
817	81.9	1,207	95.6	664	55.9	7,825	80.7
140	14.0	50	4.0	490	41.3	1,589	16.4
40	4.0	5	0.4	33	2.8	277	2.8
950	95.3	1,195	94.7	1,126	94.9	9,213	95.1
22	2.2	56	4.4	30	2.5	336	3.5
25	2.5	11	0.9	31	2.6	142	1.4
198	19.8	43	3.4	195	16.4	1,012	10.4
765	76.7	1,182	93.7	971	81.8	8,417	86.8
34	3.4	37	2.9	21	1.8	262	2.7
70	7.0	180	14.3	169	14.2	1,701	17.5
289	29.0	780	61.8	643	54.1	3,854	39.8
638	64.0	302	23.9	375	31.6	4,136	42.7
62	6.2	64	5.0	53	4.4	566	5.8
11	1.1	8	0.6	23	1.9	138	1.4
97	9.7	165	13.1	198	16.7	614	6.3
8	0.8	53	4.2	15	1.2	185	1.9
13	1.3	27	2.1	7	0.6	87	0.9
22	2.2	5	0.4	31	2.6	140	1.4
...	...	16	1.2	2	0.1	72	0.7
10	1.0	5	0.4	14	1.1	197	2.0
7	0.7	4	0.3	1	0.09	19	0.2
...	...	1	0.08	...	...	13	0.1
1	0.1	...	...	...	...	4	0.04
3	0.3	...	...	...	...	16	0.1
10	1.0	4	0.3	1	0.09	76	0.8
2	0.2	...	...	2	0.1	13	0.1
14	1.4	18	1.4	20	1.7	207	2.1
1	0.1	20	1.6	3	0.2	133	1.4
4	0.4	21	1.6	6	0.5	90	0.9
1	0.1	...	...	...	...	4	0.04
9	0.9	18	1.4	14	1.1	180	1.8

routine inspection except in special cases.

TABLE V.
VISION OF 3,856 CHILDREN INSPECTED AT ROUTINE INSPECTION.

Sex and Age of Children Examined.	Number Examined	Normal $\frac{6}{6}$		$\frac{6}{8}$		$\frac{6}{12}$		$\frac{6}{18}$		$\frac{6}{24}$		$\frac{6}{36}$		$\frac{6}{60}$	
		R	L	R	L	R	L	R	L	R	L	R	L	R	L
Boys—(7 to 9 years)	508	251	224	125	136	64	75	38	43	19	24	7	3	4	3
Girls—(7 to 9 years)	926	792	793	25	26	43	32	26	29	22	20	11	12	7	14
Boys—(Leavers)	1,254	772	746	196	224	121	107	77	76	32	39	31	29	25	33
Girls—(Leavers)	1,168	839	860	94	74	92	72	55	56	32	37	35	38	21	31
TOTALS	3,856	2,654	2,623	440	460	320	286	196	204	105	120	84	82	57	81
PER CENT.	...	68.8	68.0	11.4	11.9	8.3	7.4	5.1	5.3	2.7	3.1	2.2	2.1	1.5	2.1

TABLE VI.

School Children Recommended for Treatment (Routine Inspection) :—

			Infants (Entrants)		Boys and Girls (7 to 9 years)		Boys and Girls (Leavers)		Totals.	
			Number	Per cent.	Number	Per cent.	Number	Per cent.	Number	Per cent.
Number Examined ...			5,718	...	1,524	...	2,449	...	9,691	...
Number recommended for treatment ...			819	14·3	423	27·7	663	27·0	1,905	19·6
Verminous Conditions ...			178	3·1	42	2·7	38	1·5	258	2·6
Defective Teeth...			32	0·5	162	10·6	233	9·5	427	4·4
Diseases of Nose & Throat			241	4·2	53	3·4	93	3·8	387	4·0
External Eye Diseases ...			48	0·8	10	0·6	11	0·4	69	0·7
Defective Vision ...			72	1·2	131	8·6	296	12·1	499	5·1
Ear Diseases ...			86	1·5	21	1·3	55	2·2	162	1·6
Deafness ...			3	0·05	10	0·6	12	0·5	25	0·2
Heart Disorders ...			3	0·05	...	...	...	...	3	0·03
Anæmia ...			14	0·2	2	0·1	1	0·04	17	0·1
Respiratory Diseases ...			39	0·7	5	0·3	3	0·1	47	0·5
Tuber- culosis	{	Glands ...	2	0·03	6	0·4	...	...	8	0·08
		Phthisis ...	5	0·09	...	...	1	0·04	6	0·06
		Other Forms ...	1	0·02	...	...	...	...	1	0·01
Nervous Diseases ...			1	0·02	3	0·2	...	...	4	0·04
Ringworm ...			50	0·9	20	1·3	4	0·1	74	0·7
Scabies ...			8	0·1	3	0·2	2	0·08	13	0·1
Other Skin Disorders ...			79	1·4	4	0·2	3	0·1	86	0·9
Rickets ...			1	0·02	...	...	...	...	1	0·01
Other Diseases or Defects			34	0·6	4	0·2	4	0·1	42	0·4

Average Height (without shoes) and Average Weight (with clothes) of Children Medically Inspected (routine inspection) :—

TABLE VII.

FEMALES.												MALES.															
Age	Number	AVERAGE HEIGHT.						AVERAGE WEIGHT.						Number	AVERAGE HEIGHT.						AVERAGE WEIGHT.						Age
		Anthro- pometric Committee 1883 (Average)			Cardiff Schools			Anthro- pometric Committee 1883 (Average)			Cardiff Schools				Anthro- pometric Committee 1883 (Average)			Cardiff Schools			Anthro- pometric Committee 1883 (Average)			Cardiff Schools			
Years		ft.	ins.	ft.	ins.	ft.	ins.	st.	lbs.	st.	lbs.	Centimetres		ft.	ins.	ft.	ins.	Centimetres		ft.	ins.	st.	lbs.	st.	lbs.	Kilograms	Years
3	24	2	10	2	12·2	92·0		2	3½	2	4·9	14·92	27	2	11	3	0·4	92·4	27	2	6	2	6·6	15·69	3		
4	1,104	3	0	3	1·8	96·0		2	8	2	7·0	15·87	1,285	3	1	3	2·2	97·0	1,285	3	1	2	9	2	7·9	16·28	4
5	1,035	3	3	3	3·8	101·1		2	11	2	10·3	17·37	999	3	4	3	4·5	102·9	999	3	4	2	12	2	10·9	17·64	5
6	410	3	6	3	5·8	106·2		2	13¾	2	13·2	18·69	411	3	7	3	6·0	106·7	411	3	7	3	2½	3	0·6	19·32	6
7	832	3	8	3	8·6	113·3		3	5½	3	4·1	20·91	458	3	10	3	8·2	112·3	458	3	10	3	7½	3	4·7	21·18	7
8	292	3	10½	3	9·6	115·8		3	10	3	6·3	21·90	239	3	11	3	9·5	115·6	239	3	11	3	13	3	7·1	22·27	8
13	1,177	4	9¾	4	8·6	143·7		6	3	5	10·9	36·70	1,244	4	9	4	7·7	141·5	1,244	4	9	5	12½	5	8·0	35·38	13

TABLE VIII.

Age Periods of 1,615 Children Inspected at Special Inspection :—

Age (Years).	Inspected at the City Hall.		Inspected upon School Premises.		Totals.
	Boys.	Girls.	Boys.	Girls.	
4	33	12	10	2	57
5	56	40	38	17	151
6	63	72	49	42	226
7	61	48	65	27	201
8	72	46	42	26	186
9	66	38	46	26	176
10	62	28	40	25	155
11	46	47	45	34	172
12	64	36	32	43	175
13	51	32	19	8	110
14	2	1	...	3	6
Totals ...	576	400	386	253	1,615

TABLE IX.

Results of Examination of Children Inspected (Special Inspection) :—

			Inspected at City Hall.		Inspected upon School Premises.		Totals.
			Boys.	Girls.	Boys.	Girls.	
Verminous Conditions	...	...	6	15	14	10	45
Defective Teeth	...	...	2	2	3	2	9
Diseases of Nose and Throat	...	...	41	26	19	19	105
External Eye Diseases	...	...	27	21	20	13	81
Defective Vision	...	...	24	29	63	71	187
Ear Diseases	...	...	18	11	6	8	43
Deafness	...	...	3	1	2	15	21
Heart Disorders	...	...	2	14	7	3	26
Anæmia	...	...	14	18	10	2	44
Respiratory Diseases	...	...	25	13	10	6	54
Tuber- culosis	Glands	...	2	2	2	...	6
	Phthisis	...	15	12	6	...	33
	Other Forms	...	8	6	2	1	17
Nervous Diseases	...	...	11	7	6	4	28
Ringworm	...	...	104	56	34	7	201
Scabies	...	...	8	22	8	3	41
Other Skin Diseases	...	...	126	81	59	18	284
Rickets	...	...	4	1	1	...	6
Mental Defect	...	...	7	3	3	4	17
Other Diseases or Defects	...	...	39	26	21	11	97
Normal	...	...	123	64	100	60	347
Totals	...	...	609	430	396	257	1,692

In a number of cases in the foregoing Table several diseases or defects occurred in the same child.

Re-examinations of children previously examined at the City Hall or upon school premises :—

Boys	...	...	...	...	...	978
Girls	...	...	...	...	...	826
Total	...	...	...	...	...	<u>1,804</u>

Children specially examined upon school premises by the School Nurses with a view to detecting neglected and verminous conditions :—

Children examined	...	...	...	...	...	26,649
Children found to be neglected or verminous	...	...	...	...	...	1,078
Notices sent to parents	...	...	...	...	...	1,078
Re-examinations of children previously found to be neglected or verminous	...	...	...	...	...	801
Children who upon the first examination were neglected or verminous, found upon re-examination to have been cleansed...	...	...	...	...	...	668
Second notices sent to parents	...	...	...	...	...	133

SUMMARY OF TABLES OF MEDICAL INSPECTION.

NUTRITION.—No absolute or reliable standard exists for the diagnosis of mal-nutrition. The figures in Table IV. under this heading do not, therefore, indicate any very definite physical defect. The term mal-nutrition may imply a variety of conditions, which together afford indication that the state of nutrition is below normal. Owing to the vagueness of the term, the figures are unsuitable for comparative purposes. Attempts have been made to adopt a standard of nutrition based upon the relation of weight to height as expressed by a mathematical formula, and it seems likely that by this means a nutritional index may be obtained which will be of practical value in determining if the school child is poorly nourished and is in need of free meals. The present method of distributing free meals to children whose parents appear to be unable to afford proper food has the advantage of simplicity, but is lacking in scientific precision. Of the total number of children examined in the school premises 86·8 per cent. were considered to be in a normal state so far as nutrition was concerned, and 2·7 per cent. showed distinct signs of mal-nutrition, leaving 10·4 per cent. above the normal state. Of the boys leaving school during the year, 2·9 per cent. were below normal in this respect, as compared with 1·8 of the girls leaving. Amongst children between 7 and 9 years of age, 4·9 per cent. of the boys and 3·4 per cent. of the girls were below normal. Amongst the children in the Infants' Departments there was little difference in the nutrition between the sexes; 2·9 per cent. of the boys, as compared with 2·1 per cent. of the girls, were considered to be below the normal state of nutrition.

CLEANLINESS.—Although a decided improvement has taken place in the cleanliness of children attending the elementary schools since medical inspection commenced, uncleanness is still met with, especially in those schools which draw their scholars from the poorer classes. A great deal of time and attention is devoted to this matter by the School Nurses, and it is to their untiring zeal that the improvement is largely due. It is now a comparatively rare thing to meet with children in an excessively dirty and verminous state. In the routine inspection upon school premises, of the total number examined, 80·7 per cent. were reported with clean heads and 95·1 per cent. with clean bodies. The girls, as usual, owing to their long hair, gave the larger proportion of verminous heads; amongst the girls leaving 41·3 per cent. had nits in the head, as compared with 4·0 per cent. of the boys leaving. In the Infants' Departments, 26·7 per cent. of the girls had nits in the head, as compared with 4·4 per cent. of the boys. Pediculi in the head were found in 2·8 per cent. of the girls leaving, as compared with 0·4 per cent. of the boys leaving, and in the Infants' Departments 5·3 per cent. of the girls had verminous heads, as compared with 1·4 per cent. of the boys.

A considerable amount of the time of the nurses engaged in "following up" is occupied in dealing with children who persistently attend school in an unsatisfactory state as regards cleanliness. Fortunately the more serious forms in which the heads, bodies and clothing are extensively infested with vermin are becoming rare, and there is good reason to believe that, with improved methods, even the minor degrees of uncleanness will soon be of unusual occurrence. The procedure adopted with a view to the extirpation of vermin and to the improvement in the cleanliness of scholars has been explained in previous reports. This procedure has been somewhat extended during the year under consideration. The School Nurses have made special examinations of all children attending the schools, paying strict attention to their heads. When vermin are found upon the body or head a card notifying the condition, and containing directions for treatment, is enclosed in an envelope and given to the child by the Head Teacher to be taken home to its parents. After a few days a School Nurse visits the home, and if the case is not treated another card with a more urgent notice is sent to the parents. In the event of no notice being taken of the second warning, exclusion from school takes place, and if necessary proceedings are instituted in the Police Court for non-attendance or for persistently neglecting their children (for the latter offence under Section 12 of the Children Act, 1908). Section 122 of the Children Act, 1908, provides that a local Education Authority may direct their Medical Officer to examine elementary school children for vermin. If he reports the child to be verminous, written notice may be sent to the parents to have the child and its clothing cleansed within twenty-four hours; on the failure of the parent to cleanse the child the Medical Officer may remove it and cause it to be treated in suitable premises and apparatus.

DEFECTIVE TEETH.—The serious after effects of dental caries upon the health of the individual affected have been pointed out in previous reports. The extent to which dental disease prevails amongst the school children submitted to medical inspection is shown in the tables in this report. It will be seen that amongst the boys and girls leaving school over 80 per cent. were found with defective teeth, and that the proportion was even larger amongst children between the ages of 7 and 9 years. The amount of neglect in obtaining adequate treatment is also indicated. To some extent this neglect is due to the fact that parents do not sufficiently recognise the importance of such treatment, and perhaps also to the difficulty in meeting the expense which would be incurred in obtaining it. Facilities have been afforded by the Education Committee to parents unable to pay the usual fees, and arrangements have been made with certain Dentists who have agreed to reduce their fees in the case of school children, charging 6d. for each extraction, 2/- for each tooth stopped (where not more than one visit is required), and 2/6 in other cases. During the year 1913, so far as is known, 41 children were treated in this way.

It was felt by the Committee that the time had arrived for adopting some more effectual means of dealing with these defects, and after due consideration it was decided to appoint a Dentist on the staff of the School Medical Officer. Reference to the Dental Department of the School Clinic is made in the part of this report dealing with the School Clinic. The arrangements referred to above were therefore modified when this appointment was made in November of last year, but school children not eligible for treatment at the School Clinic may still be treated at the reduced fees mentioned.

DEFECTIVE VISION.—The extent of defects of vision in the children attending the public elementary schools in the City, as tested by Snellin's test types is shown in the enclosed tables. In view of the serious effects of defective vision, both upon the health of the child and upon its educational progress, it is incumbent upon Education Authorities to take full advantage of their powers in respect of the preservation of the eyesight of the children in the schools under their control. Preventive treatment, such as improved lighting of class-rooms and suitable school desks and seats, may in some instances be all that is necessary, but in addition to these essentials active treatment and the removal of errors of refraction are frequently required. Some difficulty has arisen in the examination by Snellin's test types in the older schools, owing to the bad lighting of the class-rooms and the absence of suitable accommodation for making the tests, which require good illumination and a distance of twenty feet between the child and the types. The test cards employed for this purpose have letters of various sizes printed on them. The smallest type which the child can read clearly at the distance of twenty feet (6 metres) is an index of his visual acuity. The result is

stated in the form of a fraction, in which the numerator indicates the distance in metres and the denominator the size of the smallest type recognised by the child at that distance. Thus, $\frac{6}{6}$ indicates normal or good vision, $\frac{6}{9}$, $\frac{6}{12}$ and $\frac{6}{18}$ indicate increasingly defective vision. Generally it may be considered that if the child can only read the large type D. 18 at 6 metres = $\frac{6}{18}$, the vision is bad, and that the skilled advice of an Ophthalmic Surgeon is required. In the routine inspection upon the school premises, out of 3,856 children inspected 5.2 per cent. were found to have defective vision to this extent. Of the boys leaving, 6.0 per cent. were in this condition, as compared with 4.7 per cent. of the girls. The vision of the infants entering school is not tested in the routine inspection. When necessary, cases are referred for special examination.

The facilities for obtaining skilled advice and spectacles at reduced charges, referred to in previous reports, have been continued during the year until November, when they were modified by the establishment of the Ophthalmic Department of the School Clinic. School children who are not eligible for treatment at the School Clinic may still procure treatment and spectacles at reduced fees, if their parents are unable to pay the usual fees. The defects of vision found amongst school children may be due to a variety of causes, and it is of course essential that these should be ascertained as far as possible, in order that the appropriate treatment may be carried out. Amongst these causes the most important are defective lighting in class-rooms, unsuitable seats and desks, overstrain at an early age resulting from reading too much and from using a small type, and overcrowded and dark dwellings. Some forms of short sightedness (myopia) appear to be inherited. Defective eyesight may also be the result of bad health and may follow some of the common infectious diseases of school life. Treatment has been obtained for school children to the extent and in the manner shown in Table XI. Table XVIII. shows the number of children treated at the School Clinic.

ADENOIDS AND ENLARGED TONSILS.—The medical inspection of children at school ages has shown that these enlargements and growths in the throat and pharynx are of common occurrence, and there is much evidence pointing to the association of these conditions with serious physical defects and disorders. Obstruction to the entrance of air into the lungs may, of course, interfere with the healthy and normal functions of these organs, and may predispose them to tubercular infection. Enlarged cervical glands, deafness, and impaired mental activity are frequently found amongst children with adenoids and enlarged tonsils. Special treatment, and in some cases surgical operation, are necessary and should be undertaken at an early age, in order that the consequent deafness and intellectual dullness may be of short duration. There is therefore justification from the educational point of view for the provision of special treatment of these conditions by Education Authorities in the case of those who are otherwise unable to obtain it.

Table IV. in this report relating to the routine medical inspection shows that during the year, out of 9,691 children examined, 566 or 5.8 per cent. suffered from diseases of the throat and nose, the proportion varying from 12.5 per cent. amongst boys between 7 and 9 years of age to 4.4 per cent. amongst the girls leaving school. The girls between the ages of 7 and 9 years suffered only to the extent of 6.2 per cent., and the boys leaving to the extent of 5.0 per cent.

TUBERCULOSIS:—The mortality from tuberculosis in all forms amongst children between the ages of five and fifteen years in Cardiff during the year 1913 was as follows:—

Cause of Death.					Deaths between 5 and 15 years.
Pulmonary Tuberculosis	...	...	...	...	14
Tuberculous Meningitis	...	...	...	...	7
Other Tubercular Diseases	...	...	...	...	3

The Tuberculosis Regulations, 1912, made all forms of tuberculosis notifiable by medical practitioners to the Medical Officer of Health. The number of such notifications amongst children at school ages received during the year was as follows:—

Pulmonary Tuberculosis	...	...	...	...	58
Other forms of Tuberculosis	...	...	...	...	65

The tables in this report indicate the number of cases of tuberculosis met with by the Assistant School Medical Officers, both in the routine and special inspections. In the routine inspections the total number of such cases amounted to 36 ; of this number 19 were cases of tuberculous glands, 13 phthisis, and 4 other forms of tuberculosis. Amongst the 1,615 children referred to the Medical Officers for special inspection, 56 cases of tuberculosis were found—33 were cases of pulmonary tuberculosis and 23 other forms of tuberculosis. Altogether, 71 children were temporarily excluded from school on account of tuberculosis, and were referred either to the Tuberculosis Officer or to a private medical practitioner.

The position of Sanitary and Education Authorities has been considerably improved with respect to the prevention and treatment of tuberculosis by recent legislation. The National Insurance Act provides means of making grants from the Treasury in aid to Sanatoria and other institutions for the treatment of adults and children suffering from tuberculosis, and grants in aid are given to Sanitary Authorities providing institutional treatment for all classes of the community. The Board of Education also give grants in aid of treatment by Education Authorities, such grants being available for the provision of open-air schools or suitable institutions for the treatment of tuberculosis. Sanatoria or open-air schools in which education is provided, and which are certified under the Elementary Education (Defective and Epileptic Children) Act, are entitled to receive from the Board of Education, in addition to the ordinary school grant, a grant in aid of the treatment provided. In any complete scheme for dealing with tuberculosis, it is of the first importance to commence treatment in the earliest stages of the disease and to apply those measures intended to prevent the development of active tuberculosis amongst children whose physical condition indicate a tuberculous tendency. In November of last year a special report to the Education Committee was presented by me with reference to the treatment of physically defective children, of which the following is an extract :—

“ During the course of the routine medical inspection in the current year, twenty-five children were found to be suffering from permanent paralysis of one or more limbs or groups of muscles as the result of previous illness. These children are at present attending the ordinary elementary schools, but it would certainly be an advantage in some cases if they could attend a school or class room specially adapted to the education of physically defective children.

“ Education Authorities may, under the Elementary Education (Defective and Epileptic Children) Act, 1899, make provision of this kind, and of recent years several education authorities have established open-air schools for the education of physically defective or delicate children.

“ The Chief Medical Officer of the Board of Education reports favourably upon open-air education as a means of direct preventive medicine. ‘ It has been found that anæmic children improve in health, that emaciated children increase in weight, that enlarged glands diminish or disappear, incipient lung troubles improve and even vanish. The individual attention given to the child by the nurse and teacher, the opportunities for bathing and personal hygiene, the adequate meals, the rest hour, and the special arrangements for physical training, engender and foster habits of personal cleanliness and health, difficult to secure in the crowded conditions of the ordinary day school. In this way, open-air education tends to restore the enfeebled body to a normal condition of nutrition and energy, helps to dispel many of the nervous conditions incidental to child life in towns, and serves as a most valuable factor in the prevention of all forms of constitutional disease, including tuberculosis.’

“ Open-air education for elementary school children may be obtained by (1) open-air day schools, (2) open-air residential schools, or (3) open-air class rooms, *i.e.*, existing class-rooms may be converted into open-air class-rooms.

“ The routine and special inspections of the school children in your district have revealed the existence of a considerable number of children whose physical condition might be improved by open-air education in some form. During the routine inspections made in 1912, it was found that 370 children were below the normal standard as regards nutrition, 150 were found to be suffering from heart disease, 21 from tubercular glands, 26 from pulmonary tuberculosis, 83 from rickets, and 52 from other deformities. In the special inspections, 59 tubercular children were found, 29 were suffering from heart disease, and 71 were anæmic.

“ Your Committee will therefore doubtless consider the advisability of making some provision of this kind, and I would recommend that in new schools to be erected in the future special open-air class rooms be provided, which could be utilised for the instruction of children who are ill-nourished or suffering from other physical defects.

“ In the event of the classes for the mentally defective being removed from the Virgil Street School, the question of open-air education for these children might with advantage receive your attention.”

“ FOLLOWING UP ” BY SCHOOL NURSES.

The following four tables give the results of “ following up ” by School Nurses during the year 1913. These tables include cases found to require treatment at routine and special inspections. Old cases (292) found to require treatment during the year 1912 are also included.

TABLE X.

Defects other than defective teeth and vision :—

		Cases visited once.	Cases visited twice.	Cases visited three times.	Cases visited four times or more.	Total.	Per cent.
Cases followed up by School Nurses	...	377	265	103	153	898	...
Defects treated :—							
(a) At King Edward VII.'s Hospital	...	60	55	31	35	181	20.2
(b) By Medical Practitioners	...	112	42	12	22	188	20.9
(c) Home Treatment*	...	127	102	28	52	309	34.4
Not treated or no report	...	78	66	32	44	220	24.5

Twenty-six cases of nose and throat defects were referred to the School Clinic at the end of the year.

TABLE XI.

Defective vision :—

		Cases visited once.	Cases visited twice.	Cases visited three times.	Cases visited four times or more.	Total.	Per cent.
Cases followed up by School Nurses	...	276	114	90	98	578	...
Cases treated or prescriptions obtained :—							
(a) Ophthalmic Surgeons	...	20	6	6	4	36	6.2
(b) King Edward VII.'s Hospital	...	38	18	28	13	97	16.8
(c) Privately	...	22	7	9	4	42	7.3
Obtained spectacles	...	66	28	35	17	146	25.3
Not treated or no report	...	196	83	47	77	403	69.7

117 of the 403 untreated cases were referred to the School Clinic at the end of the year.

* The numbers under the heading “ home treatment ” are cases of minor ailments treated by parents upon instructions from School Nurses.

TABLE XII.

Defective teeth :—

	Cases visited once.	Cases visited twice	Cases visited three times.	Cases visited four times or more.	Total.	Per cent.
Cases followed up by School Nurses ...	335	50	34	25	444	...
Cases treated :—						
(a) By Dentists	22	7	8	4	41	9.2
(b) At King Edward VII.'s Hospital ...	5	...	1	1	7	1.5
(c) Privately	7	4	1	3	15	3.4
Not treated or no report	301	39	24	17	381	85.8

TABLE XIII.

Results of inquiries by School Nurses as to treatment of children with diseases or defects :—

Disease or Defect.	Old Cases (1912).	New Cases (1913).	Total.	Result of Treatment			Untreated or No Report.
				Cured or Alleviated.	Improved.	Unchanged.	
Verminous	8	65	73	71	1	...	1
Defective Teeth	53	391	444	63	...	1	380
Diseases of Nose and Throat ...	92	323	415	163	45	15	192
External Eye Diseases	6	45	51	34	16	...	1
Defective Vision	64	514	578	156	3	16	403
Ear Diseases	14	108	122	48	67	1	6
Deafness	2	21	23	1	13	1	8
Heart Disease ... ..	...	2	2	1	1	...	...
Anæmia	2	6	8	...	7	1	...
Respiratory Diseases	4	11	15	11	4	...	...
Tuber- culosis {	Glands	1	5	6	...	6	...
	Phthisis	1	...	1	...	1	...
	Other Forms	1	1	2	...	1	...
Diseases of Nervous System ...	...	7	7	...	6	...	1
Ringworm	18	21	39	30	7	...	2
Scabies	8	6	14	14	...	...	...
Other Skin Disorders	9	78	87	80	5	1	1
Other Diseases or Defects	9	24	33	9	13	3	8
Totals	292	1,628	1,920	681	196	40	1,003

117 cases of defective vision and 26 cases of nose and throat defects were referred to the School Clinic at the end of the year.

TREATMENT OF MINOR AILMENTS.

TABLE XIV.

Treatment of minor ailments by Queen's Nurses (under the arrangement between the Education Committee and the Queen Victoria's Jubilee Nurses' Institute) during the year 1913 :—

Disease or Defect Treated.	New Cases (1913).	Result of Treatment.		
		Cured.	Improved	Unchanged
Ringworm	49	20	29	...
Scabies	2	2	...	...
Other Skin Disorders	81	74	7	...
External Eye Diseases	7	6	...	1
Verminous Condition	9	9	...	...
Ear Diseases	51	43	7	1
Other Diseases or Defects	3	3	...	...
Totals	202	157	43	2

In connection with the treatment of the foregoing 202 cases, 2,604 visits to the homes of the children were made by the Queen's Nurses.

TABLE XV.

Treatment of minor ailments at the School Clinic during the year 1913 :—

Disease or Defect Treated.	Old Cases (1912)	New Cases (1913).	Total	Result of Treatment.		
				Cured	Improved	Unchanged
Ringworm	16	101	117	47	24	46
Scabies	2	22	24	20	2	2
Other Skin Disorders	8	145	153	126	17	10
External Eye Diseases ... ..	...	26	26	21	3	2
Verminous Condition ... ..	...	8	8	8	...	...
Ear Diseases... ..	...	1	1	...	1	...
Other Diseases or Defects ... ..	...	6	6	6	...	...
Totals	26	309	335	228	47	60

TREATMENT OF DEFECTIVE TEETH AND VISION.

Applications received during November and December, 1913, for treatment at the School Clinic :—

For treatment of :—

Defective Teeth	121
Defective Vision	76
Total	<u>197</u>

Inspection and treatment of school children's teeth during November and December, 1913, by Mr. C. J. Hurry Riches, School Dental Surgeon.

TABLE XVI.

Inspections (Children 6 to 8 years):—

	Number Inspected	Temporary Teeth.			Permanent Teeth.		
		Sound	Savable	Unsavable	Sound	Savable	Unsavable
Boys	276	1,573	439	2,444	1,110	369	19
Girls	264	1,542	336	2,324	1,279	345	21
Totals	540	3,115	775	4,768	2,389	714	40
Averages ... ..	...	5·8	1·4	8·8	4·4	1·3	0·1

TABLE XVII.

Treatment (Children 6 to 8 years):—

	Number Treated.	Extractions.		Stoppings.	
		Temporary Teeth	Permanent Teeth	Temporary Teeth	Permanent Teeth
Boys	16	55	6	5	42
Girls	36	127	1	24	61
Totals	52	182	7	29	103

The number of attendances of the above 52 children was 60.

Treatment of Defective Vision during November and December, 1913, by Dr. D. Leighton Davies, School Ophthalmic Surgeon.

Examinations:—

Boys	...	...	...	...	...	23
Girls	...	...	...	...	...	33
Total	...	...	...	...	...	56

TABLE XVIII.

Treatment :—

				Number Treated.	Spectacles Prescribed.	Other forms of treatment.	Treatment postponed.	Unsuitable for treatment at School Clinic.	Treatment unnecessary.
Boys	...	...	...	23	17	...	1	3	2
Girls	...	...	...	33	28	2	...	1	2
Totals	...	...	...	56	45	2	1	4	4

The number of attendances of the above 56 children was 127.

The Education Committee paid half the cost of spectacles in 23 cases.

The number of visits to children's homes made by the School Nurse in connection with the School Clinic was 49.

ACUTE ANTERIOR POLIOMYELITIS IN SCHOOL CHILDREN.

During the year 1913, Dr. A. F. Bernard Shaw commenced an inquiry into the condition of school children suffering from some form of paralysis, apparently the result of a previous attack of acute poliomyelitis. From this inquiry which was necessarily, from want of time and opportunity, limited to a proportion only of the entire school population of Cardiff, it is evident that this disease is of more frequent occurrence than is usually assumed.

Dr. Shaw reports upon this subject in the following terms :—

During the year 1913, an attempt was made to determine the number of children attending the Public Elementary Schools of Cardiff who were suffering from paralysis, the result of a previous attack of acute poliomyelitis. An endeavour was also made to discover in each case the age, year and place of residence at the time of the acute attack, and to trace, if possible, any evidences of the sources of infection, together with other factors in the epidemiology of the disease. Attention was also directed to the severity of the lesions, the incapacity resulting therefrom, and to advise in those cases where no treatment had been received.

At the outset of the enquiry the difficulty arose of accurately determining the total number of children suffering from poliomyelitic paralysis. In the first place, it was not possible to examine all children attending school, and consequently the teachers had to be relied upon for information. A circular letter was sent to the Head Teachers, requesting them to send in the names and addresses of all children who showed signs of paralysis or wasting of one or more limbs. This method, obviously, was not wholly satisfactory—a certain number of affected children escaping observation ; subsequent enquiries have corroborated this fact. Thus it will be seen that the number of affected children discovered certainly does not represent the total number, and only gives a partial idea of the prevalence of the disease.

A certain number of the children included in this report were found at the routine inspections, or were presented at the special examinations.

No account was taken of children who might be in Cripple Homes or other institutions.

Prevalence.—Under the conditions just mentioned, the investigation brought to light 34 cases of poliomyelitic paralysis. The total average attendance in the Cardiff Elementary Schools during the year 1913 was about 29,000, which gives an approximate ratio of 1 case per 1,000.

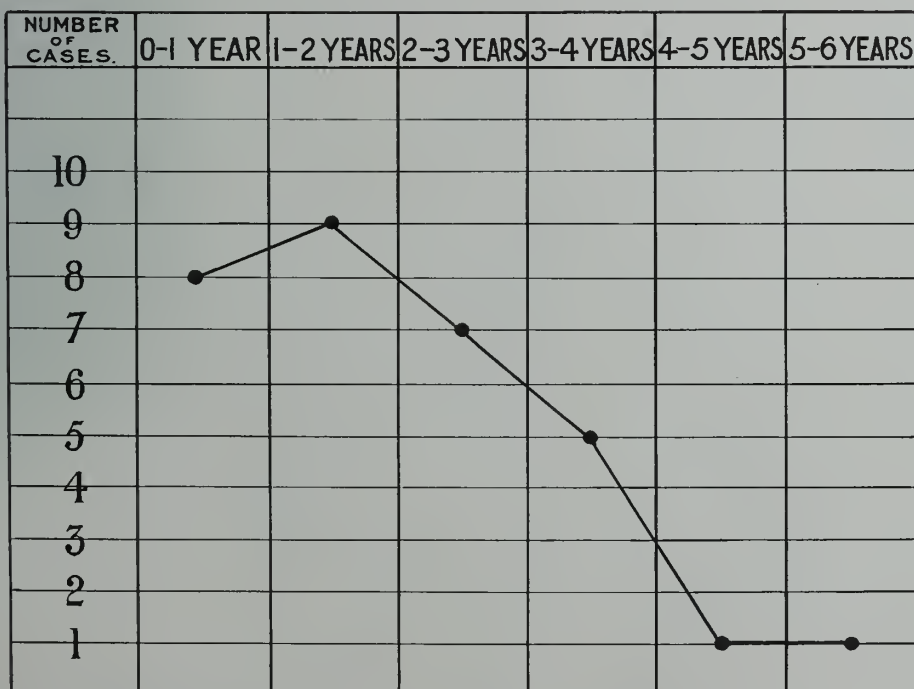
Sex.—The following table shows the sex distribution in the 34 cases :—

SEX.				NUMBERS.
Males	...	...	...	15
Females	...	...	...	19

It is generally conceded that males are somewhat more affected than females, but the difference is not large. No explanation can be offered for the difference in the above table, except that the number of observations are not sufficiently extensive.

Age.—In the majority of cases the parents were able to state definitely the age of the child at the time of the acute attack ; in some cases this was not so, and these are not included in the following diagram :—

Age incidence of attack in 31 cases :—



It will be seen that 24 out of the 31 cases (77%) were attacked in the first 3 years of life, whilst after that period the numbers rapidly decrease. The statistics of large epidemics show that the age period 1—3 years is the most vulnerable, and that the maximum incidence is in the second year.

Clinical Observations.—Owing to the nature of the circumstances in which the investigation was carried out, no data of any value could be derived from the parents regarding the particular symptoms present in the acute stage. In a large number of cases a history was given that the paralysis set in suddenly, without any prodromal symptoms; for instance, a child would go to bed apparently in perfect health, but in the morning would be unable to use one or more of its limbs. An account of this nature was very frequent. These statements must be taken for what they are worth, and whether prodromal symptoms were present or not in many of these cases, it is impossible to decide. It has been stated that this mode of onset is uncommon, but it is more frequent in sporadic than in epidemic cases.

In some of the cases the parents stated that at the time of the acute attack, the paralysis had been more extensive than at time of examination. This is in accord with the fact that the permanent paralysis is often not as extensive as that which occurs in the acute stage.

Detailed examination was not made of the clinical phenomena of the paralysis, but mention may be made of the following facts. In all cases the paralysis was of the flaccid type, with more or less atrophy of the muscles in the affected parts. When the leg was affected the tibialis anticus and extensor muscles were more involved than the others; the knee-jerk was usually absent in the diseased limb, and sometimes in the healthy one as well. In the arm the deltoid, biceps, brachialis anticus, flexors and extensors of the fingers or wrist were the muscles usually affected. Vaso-motor phenomena were very constant—particularly in the lower limbs, viz.: coldness and cyanosis. In one case trophic ulcers were present on the affected leg. In no case was sensation affected. Involvement of the head and trunk musculature was not looked for, but none of the cases showed obvious signs.

As in all the cases the paralysis had existed for a considerable time, secondary changes had taken place, increasing the deformity. Such were shortening of the limb, scoliosis, deformities from contracture, viz.: pes cavus, pes equinus, club-foot, pes planus, etc.

The result, therefore, of an attack of acute poliomyelitis was crippling, which varied in individual cases from slight impairment to complete inutility of one or more limbs. In the following table the cases have been arbitrarily divided, according to extent, degree and position of paralysis, into mild and severe.

Mild.	Severe.	Total.
21	13	34

The appended list shows the situations of paralysis in 34 cases:—

Right leg	...	...	...	...	9
Left leg	...	...	...	...	12
Right arm	...	...	...	...	5
Left arm	...	...	...	...	3
Right arm and right leg	...	...	...	...	2
Left arm and left leg	...	...	...	...	1
Both legs	...	...	...	...	2

From this it will be seen that the paralysis affects the lower more frequently than the upper limbs. In only 11 cases were the upper limbs affected, while in 26 the lower limbs were involved.

So far as one could determine, in most of the cases the nature of the condition was not recognised by the medical attendant in the acute stage ; and it was only with signs of definite paralysis and muscular wasting that the diagnosis was made. This is quite in accordance with the well recognised fact that the initial symptoms present no definite diagnostic picture. Moreover, considering that all the cases were apparently sporadic, the disease would not be suspected.

Treatment.—Comparatively few of the cases when seen for the first time had received any treatment for the paralysis. Since then some of the untreated cases have received attention ; in a certain number of these probably very little active treatment could be carried out.

Treatment—in those who had received it—consisted of palliative measures, viz. : crutches, special boots or iron braces, and surgical measures, such as tenotomies, tendon-transplantation, forcible correction and arthrodesis.

Treated.	Untreated.
12	22

Epidemiology.—Compulsory notification of acute poliomyelitis only came into force in Cardiff in August, 1912. All the cases included in this report were attacked before that date, and were therefore not notified.

Season.—In only a very few cases could reliable information be obtained, and so nothing can be stated.

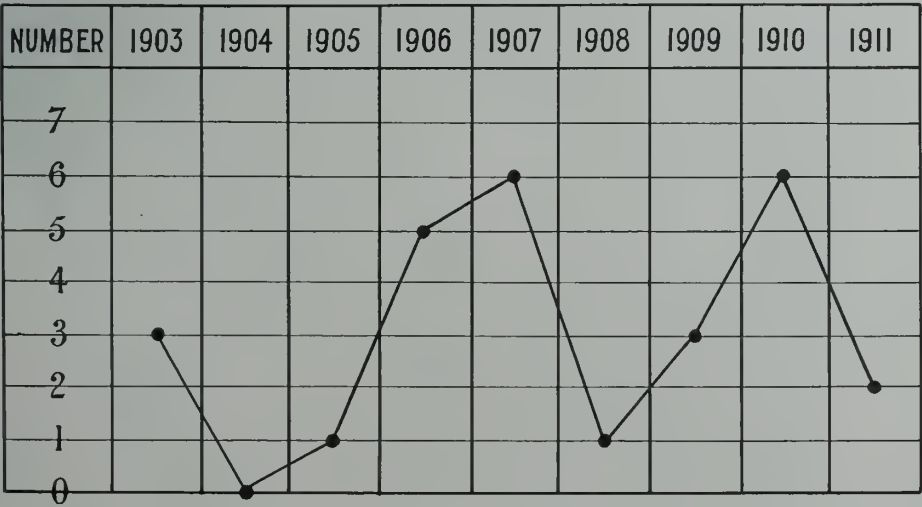
Evidence of Infection.—In no case was more than one child in a family affected with paralysis ; neither was there any history of other members of the household showing signs of illness during the acute stage. It was impossible to determine whether there had been any association between the individuals who were attacked in the same year.

Attendance at School.—Only one case was attending school when attacked. It is improbable, therefore, that school attendance played any part in the incidence of the disease.

Year Incidence of Attack.—Reliable information on this point was obtained in 31 cases. Of this number, 27 were attacked in Cardiff ; the remaining 4 were attacked at the following places :—

- Pontypridd, Glamorgan, in 1905.
- Port Talbot, Glamorgan, in 1907.
- Mapperley, Nottingham, in 1908.
- Pontycymmer, Glamorgan, in 1910.

The diagram below shows the years in which the Cardiff cases were attacked—27 in number.



It will be seen that the years range between 1903 and 1911. The reason for this is that children attacked before 1903 would probably have left school, having reached the age limit ; whilst those attacked after 1911 would not yet have attained school age. In neither case, therefore, would they come under observation.

Topography.—In each case of the 27 the place of residence at time of attack was noted, and subsequently marked on a map of the City. The distribution of the cases was more or less uniform in each Municipal Ward, but a tendency to grouping was observed in the following instances. Three cases attacked in 1907 occurred in streets fairly close to one another. In one street four cases occurred, but none of them in the same year. The numbers of the houses and the years of attack were :—No. 38, in 1909 ; No. 41, in 1903 ; No. 90, in 1910 ; No. 200, in 1906. This association is certainly peculiar, but no conclusions can be drawn therefrom.

Conclusions.—Acute poliomyelitis is one of the most serious diseases which can attack a child. The resulting paralysis and deformities not only rendering the individual affected a cripple for life, but, in many cases, interfering with his education, and limiting his subsequent means of livelihood.

The cases included in this report were all apparently of the sporadic type, that is to say, no antecedents of infection could be traced, and no association between the cases could be found. The means, however, of investigating these questions was necessarily unsatisfactory and uncertain.

Considering the gravity of the affection, poliomyelitis is not an infrequent disease—at least one child in 1,000 in the Cardiff Elementary Schools having been attacked ; and if this proportion holds good throughout the United Kingdom, it is a serious consideration, both to the individual and the State. The prevalence of the disease—in the sporadic form—probably is, and has been, greater than might be assumed. The cases found in this report—certainly not inclusive—are drawn only from a section of the total population of Cardiff, and also do not embrace individuals so crippled as to be in special institutions. Lastly, the one means of accurate determination of numbers—namely compulsory notification—has only come into force within the past two years.

MENTAL DEFICIENCY ACT, 1913.

The Mental Deficiency Act, 1913, confers very important and extensive powers and duties upon Local Education Authorities relating to the diagnosis, classification, and educational treatment of children suffering from mental defect. The Act does not interfere with the existing powers and duties of the Education Authority under the Elementary Education (Defective and Epileptic Children) Act, 1899, but extends these duties to the ascertainment of all mentally defective children, and the ascertainment and notification (to the Local Authority under the Mental Deficiency Act) of children considered ineducable and resident within the area of the Education Authority.

Section 2 (2) contains the following provision :—

“ Notice shall, subject to regulations made by the Board of Education, to be laid before Parliament as hereinafter provided, be given by the Local Education Authority to the Local Authority under this Act in the case of all defective children over the age of seven—

“ (a) who have been ascertained to be incapable by reason of mental defect of receiving benefit or further benefit in special schools or classes, or who cannot be instructed in a special school or class without detriment to the interests of the other children, or as respects whom the Board of Education certify that there are special circumstances which render it desirable that they should be dealt with under this Act by way of supervision or guardianship ;

“ (b) who on or before attaining the age of sixteen are about to be withdrawn or discharged from a special school or class, and in whose case the local education authority are of opinion that it would be to their benefit that they should be sent to an institution or placed under guardianship.”

Section 31 (1) relates to the arrangements which a local education authority is required to make, subject to the approval of the Board of Education, for the following purposes :—

- “(a) for ascertaining what children within their area are defective children within the meaning of this Act :
- “(b) for ascertaining which of such children are incapable by reason of mental defect of receiving benefit or further benefit from instruction in special schools or classes :
- “(c) for notifying to the local authority under this Act, the names and addresses of defective children with respect to whom it is the duty of the local education authority to give notice under the provisions hereinbefore contained.”

Under the Act (Section 1) persons who are mentally defective are classified as follows :—

- “(a) Idiots ; that is to say, persons so deeply defective in mind from birth or from an early age as to be unable to guard themselves against common physical dangers ;
- “(b) Imbeciles ; that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to idiocy, yet so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so ;
- “(c) Feeble-minded persons ; that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision, and control for their own protection or for the protection of others, or, in the case of children, that they by reason of such defectiveness appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools ;
- “(d) Moral imbeciles ; that is to say, persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little or no deterrent effect.”

It is therefore the duty of the Education Authority to ascertain the existence amongst children of feeble-mindedness, imbecility, or idiocy, to determine whether any such children are or are not educable in a special school, and to notify to the Local Authority under the Act, all those children over the age of seven years who are incapable of education in special schools, and those who though educable, are detrimental to other children, and those who require supervision or guardianship under the Act, or who after leaving a special school need institutional treatment or guardianship. The Board of Education has now issued “ Provisional Regulations ” and “ Model Arrangements ” for the guidance of Education Authorities in carrying out their duties under the Act. The Regulations order that the School Medical Officer and such other Medical Officers (approved by the Board of Education under the Elementary Education (Defective and Epileptic Children) Act, 1899) as the Local Education Authority may nominate for that purpose, shall be the certifying officers for the purpose of these Regulations.

It is obvious that very responsible duties will devolve upon these Officers, who are required to act as Medical Officers for the purpose of the Elementary Education (Defective and Epileptic Children) Act, 1899, and of the Regulations made by the Board of Education under the Mental Deficiency Act, 1913.

In the Memorandum (Circular No. 829) issued by the Board relating to the “ Regulations ” and “ Arrangements,” the Education Authority is requested to inform the Board at an early date whether they propose to adopt the Model Arrangements drawn up by the Board.

It will therefore be necessary for the Authority to adopt these or similar “ Arrangements ” for carrying out the duties imposed by these Acts and Regulations.

VIRGIL STREET SCHOOL FOR MENTALLY DEFECTIVE CHILDREN.

In view of the proposed legislation with respect to mental deficiency, special attention has been paid to the condition of children attending the special classes for mentally defective

children at Virgil Street School, and Dr. Shaw has made careful and detailed examination of the defective children. These classes have been established under the Elementary Education (Defective and Epileptic Children) Act, 1899, and the present arrangements will doubtless be modified and improved to meet the requirements of the Mental Deficiency Act, 1913. Under the present conditions it is difficult to maintain a regular attendance of the scholars ; consequently the full advantages of the system are not obtained. There is also much need for special classes for children suffering from physical defects and deformities, cripples, &c., as many such children are unfit to attend ordinary schools.

The results of Dr. Shaw's examinations are given by him, as follows :—

Medical inspection was carried out three times during the year, at intervals of four months, and it is proposed during the year 1914 to make the inspections quarterly. This will insure more adequate knowledge of the mental condition of the children, and provide greater opportunity for seeing that parents carry out medical treatment when it has been recommended.

The " card system " for recording examinations has been abolished, and each child has now a book containing an account of its family and personal history, medical examinations and educational progress.

For the first time special attention was directed to a personal interview with the parents. This was successful in all but four cases, though with some difficulty. Parents of mentally defective children seem unwilling to come to the school to see the Medical Officer. As a result much valuable information was gained as to the family and personal history and other questions bearing on the aetiology of the mental defects. At the same time advice was given directly as regards any necessary medical treatment.

Children on register at end of year	...	...	...	44
Average attendance	...	...	...	33
Children admitted during the year	...	3 Boys,	4 Girls.	
Children examined during the year	...	26 Boys,	17 Girls.	
Children left during the year	...	6 Boys,	2 Girls.	

TABLE XIX.

Subsequent history of children left during the year :—

							BOYS.	GIRLS.
Attending Elementary School	...	...	...	...	...	...	2	...
Institution	...	...	...	...	...	...	1	...
Lost sight of	...	...	...	...	...	...	2	...
Over Age—no employment	...	...	...	...	...	...	...	2
Over Age—employment	...	...	...	...	...	...	1	...
Total	...	...	...	...	...	...	6	2

It is evident that the establishment of an After-Care Committee is not only advisable but a necessity. It is a corollary of the educational policy adopted for mentally defectives. When they leave school such children are placed at a great disadvantage ; it is difficult for them to find employment, and, if they do obtain it, they require continuous supervision. An After-Care Committee would (a) follow up each case after leaving school, (b) assist in securing employment, and (c) supervise when employment was found. By such means the education obtained by a child in a special school is more certain of leading to a livelihood ; without such a Committee the years spent in school are likely to be barren of result in many instances.

CLASSIFICATION.—An aetiological basis was the one adopted for classification. Much of the information obtained was derived from the parents, and caution was necessary in making a correct estimation of the histories related. For instance, it is common knowledge that parents often attribute the mental defect to an injury or fright of some kind, or to ill health or “maternal impression” during gestation. The frequency of these accounts is alone sufficient to exclude them as aetiological factors in many cases. Neither is it possible to attribute to a single cause the majority of cases. The rule is for several contributory factors to be found. The influences of such agents as alcoholism and syphilis are often impossible to estimate, as the parents are naturally reticent or even misleading on these matters. At most these factors can only be suspected, or a knowledge of their existence indirectly obtained.

Of hereditary influences the following were noted :—

TUBERCULOSIS.—In no less than 12 cases there was a family history of phthisis, either direct or collateral. Yet in only one instance was there justification for regarding the disease as the cause of the mental defect. In this case the maternal grand-mother and the mother died of phthisis; of six children one phthisis (dead), two phthisis (alive), one tubercular glands (alive), one delicate, and one normal (mentally defective).

The following are the notes in the other cases :—

Direct tubercle (mother died of phthisis) in two cases.

Direct tubercle, accident in pregnancy, with mental deficiency in three out of six children—one case.

Direct and collateral tubercle with partial mutism in the child—one case.

Collateral tubercle alone—four cases.

Collateral tubercle with direct insanity—one case.

Collateral tubercle with “fits” during pregnancy—one case.

Collateral tubercle with “fright” during pregnancy—one case.

Thus in the majority of the cases tubercle would only be considered at most a contributory cause amongst other factors of more importance; and it is only when the incidence of the disease in a family is exceptional that any value can be attached.

ALCOHOLISM.—Noted in one case in the father, and was associated with epilepsy on the father's side.

SYPHILIS.—No direct evidence in a single case. In one instance it was suspected—the defective child was premature; of ten children five were either still-born or died a few days after birth.

MENTAL DISEASE.—The following were noted :—

Mental deficiency in mother—child illegitimate—one case.

Direct insanity with epilepsy in child's brother—one case.

Direct and collateral insanity with collateral mental deficiency—one case.

Direct insanity, collateral tubercle, meningitis in infancy—one case.

Mother neuropathic, epilepsy in child's sister—one case.

Mental deficiency in child's brother—nothing known of family history—one case.

Of other factors the following were noted :—

PREMATURE BIRTH.—In two cases. One of these already mentioned as possibly due to syphilis; the other was associated with spastic paraplegia.

ILLNESS, ACCIDENT OR SHOCK DURING PREGNANCY.—Three cases. The value to be attached to these is doubtful.

EXHAUSTED REPRODUCTION.—In two cases this appeared to play some part. In each the family history was normal. In one family there were 17 children, of whom 14 were alive, and 3 died at birth. The defective child is the youngest of those living and not a mongol.

In the other family, 10 children alive, 4 died in infancy. The defective child is the youngest of those living and not a mongol.

INFANTILE CONVULSIONS.—Three cases. In each case other factors were present.

SPASTIC PARAPLEGIA.—One case. Condition occurred at or shortly after birth, and was sufficient in itself to account for mental defect.

TRAUMA AND SHOCK.—Three cases. Stated by the parents to have been the cause, but these statements must be accepted with reserve.

“BRAIN FEVER.”—One case. Probably the determining cause only because in this case there was a family history of insanity.

In 17 children no factors, either in the family or personal history, were found to account for the mental deficiency. In a few of these cases no information was obtained, because the parents did not attend the examinations.

From the above data it would appear that in the majority of cases the mental deficiency is the resultant of two or more factors which may be hereditary, pre-natal, natal or post-natal. In few instances was there any justification for regarding a single agent as being the cause.

TABLE XX.

Physical and Mental Defects found at Medical Inspections :—

	BOYS.	GIRLS.	TOTAL.
Number of Children examined	26	17	43
Nutrition normal	16	12	28
Nutrition below normal	10	5	15
Defective Vision	1	3	4
Strabismus	2	2	4
Defective Hearing	2	1	3
Defective Speech :—			
Partial Mutism ... ..	...	1	1
Dysarthria	1	1	2
Stammer	1	...	1
Nasal Intonation (marked)	1	...	1
Lisping	1	1	2
Dental Caries (4 or more teeth)	13	7	20
Pediculosis (Head) ... ..	...	4	4
Pediculosis (Body)	2	...	2
Impetigo	1	1	2
Alopecia Areata ... ..	...	1	1
Diseases of Nose, Throat and Ear :—			
Adenoids	5	2	7
Enlarged Tonsils	1	...	1
Hypertrophied Turbinals	1	...	1
Deflected Septum	1	...	1
Otorrhœa	1	...	1
Nervous Diseases :—			
Spastic Paraplegia	1	...	1
Epilepsy	1	...	1
Hysteria ... ..	...	1	1
Tuberculosis (Glandular and Arrested)	1	...	1
Rickets	1	1	2
Congenital Dislocation of Hips ... ..	...	1	1
Flat Foot ... ..	...	1	1

The establishment of the School Clinic has greatly facilitated the carrying out of treatment. The following conditions have either received treatment or will do so shortly.

				Treated.	To receive Treatment.
Defective Vision	...	...	...	2	4
Otorrhœa	...	...	...	1	...
Defective Hearing	...	...	...	2	1
Enlarged Tonsils	...	...	...	1	...
Adenoids	...	...	...	1	6
Impetigo	...	...	...	2	...
Dental Caries	...	...	...	2	?

Two cases of pediculosis were cleansed at the Cleansing Station of the Public Health Department. Four cases were attended to by the School Nurses.

TABLE XXI.

Diagnosis of Mental Deficiency :—

							BOYS.	GIRLS.
Unclassifiable Mental Deficiency	...	...	...	...	...	...	21	15
Mongoloid	...	...	...	...	...	...	1	1
Moral Deficiency	...	...	...	...	...	...	1	...
Epilepsy	...	...	...	...	...	...	1	...
Dull and Backward	...	...	...	...	...	...	1	...
Ineducable	...	...	...	...	...	...	1	1
Total	...	...	...	...	...	...	26	17

ORAL SCHOOL FOR DEAF CHILDREN.

TABLE XXII.

Number, sex, and ages of children medically inspected :—

AGE.	BOYS.	GIRLS.	TOTALS.
Years.			
6	...	1	1
7	...	...	...
8	2	2	4
9	...	2	2
10	1	...	1
11	3	1	4
12	2	2	4
13	1	3	4
14	2	2	4
15	...	2	2
Totals	11	15	26

TABLE XXIII.

Results of medical examination of deaf children :—

	BOYS.	GIRLS.	TOTALS.
Number examined	11	15	26
Clothing :—			
Good	6	13	19
Average	5	2	7
Nutrition :—			
Good	2	5	7
Normal	9	10	19
Cleanliness (Head) :—			
Clean	11	14	25
Verminous ... ..	...	1	1
Cleanliness (Body) :—			
Clean	11	15	26
Teeth :—			
With less than 4 decayed	4	7	11
With 4 or more decayed	7	8	15
Hearing :—			
Partially deaf	5	3	8
Totally deaf	6	12	18
Speech :—			
Normal	2	2	4
Defective	7	11	18
Dumb	2	2	4
Enlarged Tonsils	1	...	1
Defective Vision	5	1	6
Otorrhœa ... ..	...	2	2
Heart Disorders	2	...	2
Rickets ... ..	...	1	1
Goitre (slight) ... ..	...	...	...
Skin Disorders	1	...	1
Causes of Deafness :—			
Congenital	8	8	16
Acquired through :—			
Measles ... ..	...	2	2
Scarlet Fever	1	1	2
Meningitis ... ..	...	1	1
Pertussis	1	...	1
Undetermined	1	3	4

SCHOOL FOR BLIND CHILDREN.

TABLE XXIV.

Number, sex, and ages of children medically inspected :—

AGE.	BOYS.	GIRLS.	TOTALS.
Years.			
7	1	...	1
8	2	1	3
9	...	1	1
10	1	2	3
11	2	1	3
12	2	...	2
13	3	1	4
14	2	1	3
15	...	...	...
16	...	1	1
Totals	13	8	21

TABLE XXV.

Results of medical examination of blind children :—

					BOYS.	GIRLS.	TOTALS.
Number examined	...	...	...	...	13	8	21
Clothing :—							
Good ...	...	...	...	...	3	5	8
Average ...	...	...	...	...	9	3	12
Below Average	...	...	...	...	1	...	1
Nutrition :—							
Good ...	...	...	...	...	...	1	1
Normal ...	...	...	...	...	11	7	18
Below Normal	...	...	...	...	2	...	2
Cleanliness (Head) :—							
Clean ...	...	...	...	...	13	5	18
With Nits	...	...	...	...	...	3	3
Cleanliness (Body) :—							
Clean ...	...	...	...	...	13	8	21
Dirty ...	...	...	...	...	...	...	...
Teeth :—							
Sound	...	...	...	...	...	...	...
With less than 4 decayed	...	...	...	...	10	7	17
With 4 or more decayed	...	...	...	...	3	1	4

Results of medical examination of blind children (continued):—

	BOYS.	GIRLS.	TOTALS.
Otorrhœa	1	...	1
Deafness	1	...	1
Mental Defect	2	...	2
Bronchitis ... ..	...	1	1
Tuberculous Glands	1	...	1
Rickets	2	...	2
Causes of Blindness or Defective Vision :—			
Cataract	5	2	7
Corneal Ulceration	2	1	3
Congenital Blindness (Ophthalmia Neonatorum)	3	1	4
Optic Atrophy	1	...	1
Nystagmus ... ..	...	3	3
Keratitis	2	...	2
Doubtful ... ..	...	1	1

SANITARY IMPROVEMENTS IN ELEMENTARY SCHOOLS.

The following is a list of the chief sanitary improvements effected in elementary schools during the year 1913 :—

SCHOOL.	IMPROVEMENTS.
Albany Road C.	Reconstruction of latrines ; limewashing of water-closets and urinals.
Court Road C.	Repairs to flushing cisterns ; limewashing of water-closets and urinals.
Crwys Road C.	Repairs to drains and flushing cisterns ; floors of water-closets relaid ; limewashing of water-closets and urinals.
Eleanor Street C.	New lavatory erected ; limewashing of water-closets and urinals.
Gladstone C.	Drains cleared ; water-closets and urinals lime-washed.
Grangetown C.	Water-closets and urinals limewashed.
Lansdowne Road C.	do. do.
Marlborough Road C.	do. do.
Moorland Road C.	do. do.
Ninian Park C.	Drains altered and repaired ; water-closets and urinals limewashed.
Radnor Road C.	Water-closets and urinals limewashed.
Roath Park C.	do. do.
Severn Road C.	New lavatory basins fixed ; water-pipes and roofs repaired ; water-closets and urinals limewashed.

Sanitary improvements in elementary schools (continued).

SCHOOL.				IMPROVEMENTS.			
South Church Street C.	...	...	...	Drains cleared ; water-closets and urinals limewashed.			
Splotlands C.	...	...	...	do.	do.	do.	do.
Stacey Road C.	...	...	...	do.	do.	do.	do.
Wood Street C.	...	...	...	do.	do.	do.	do.
Canton N.P....	...	...	...	Water-closets and urinals limewashed.			
Cathays N.P.	...	...	...	do.	do.	do.	
Crofts Street N.P.	...	...	...	do.	do.	do.	
Grangetown N.P.	...	...	...	do.	do.	do.	
Metal Street N.P.	...	...	...	do.	do.	do.	
St. Mary's N.P. (Bute Terrace)	...	...	...	do.	do.	do.	
St. Mary's Mission N.P.	...	...	...	do.	do.	do.	
St. Monica's N.P.	...	...	...	do.	do.	do.	
Tredegarville N.P.	...	...	...	do.	do.	do.	
St. Alban's N.P.	...	...	...	do.	do.	do.	
St. Cuthbert's N.P.	...	...	...	do.	do.	do.	
St. Mary's N.P. (Wyndham Crescent)	...	...	...	do.	do.	do.	
St. Patrick's N.P.	...	...	...	do.	do.	do.	
St. Peter's N.P.	...	...	...	do.	do.	do.	

C.—Council Schools.

N.P.—Non-Provided Schools.

MEDICAL INSPECTION AND JUVENILE EMPLOYMENT.

Arrangements have been made by which the results of the medical inspection of children leaving school are supplied to the Juvenile Employment (Education) Officer. The height and weight, and particulars as to eye-sight and hearing of every leaver are given, and in cases of other defective physical conditions, such information is also supplied. In many cases special medical examinations of children are made on the request of the Juvenile Employment Officer.

MEDICAL EXAMINATION OF TEACHERS.

During last year the medical examination of newly appointed school teachers (elementary and secondary) was undertaken by the Assistant School Medical Officers upon instructions from the Education Committee. Dr. Creaser examines the women, and Dr. Shaw the men. This work was commenced in July, and from that time to the end of the year 1913, 31 candidates were examined—21 women and 10 men. All were certified to be in good health, and were recommended for acceptance.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

EDWARD WALFORD,

School Medical Officer.

